WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPART Sandrà B. Secretary DIVISION OF CO	Mortham of State	DIVISION OF	FILED ARY OF STATE CORPORATIONS 4 AM 8: 49
1. Name of Limited Partnership	1a. DOCUM A09527	ENT#		· 41 6: 49
FININVEST INVESTMENTS, A LIMITED PARTNERSHIP			3. Date Formed or Registered	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as
101 CRANDON BOULEVARD	101 CRANDON BOULEVARD		10/31/1980	3,161,829.00
SUITE 175 MIAMI FL 33149	SUITE 175 MIAMI FL 33149		3a. Date of Last Report	
	-		05/05/1998	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address Z40 CRANOUN BUVO	2a. Principal Office Address 240 CRANNUN BLUD		4. State or Country of Formation	1,317,657
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State	11.4	59-2120819	Not Applicable
Zip Country	They OTSCAYNA	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
3314 USA	33/44 V.	SA	8. Make check payable to: Dept. of S	tate (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				Agent/Office
KIENE, H J		Name		
240 CRANDON BLVD., #202		Street Address (P.O. Box Number is Not Acceptable)		
KEY BISCAYNE FL 33149		Suite, Apt. #, etc.		
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620.1951 and 620.195, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment)			DATE	9,5,70
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number
TESAURUS HOLDINGS, INC.	OLDINGS, INC.		EY BISCAYNE FL	K27473
			2000027; -12/24/9 ****526	K27473 22612-3 8-01101-004 5 25 *****526.25
* *				
Nete: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.				
SIGNATURE				
Typed or Printed Name of General Partner Signing Form 4. T. Kiewe. Daytime Telephone Number 305-361 - 2042				