

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 OCT -3 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership FLONAZA, LTD.	1a. DOCUMENT # A10281 <i>47-AR CM</i>
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Mailing Address 441 N.E. 3RD AVENUE SUITE 601 MIAMI FL 33132	Principal Office Address 141 N.E. 3RD AVENUE SUITE 601 MIAMI FL 33132	3. Date Formed or Registered 03/26/1981	5a. Capital Contributions as Shown on record \$337,500.00
2. Mailing Address 7175 SW 8 STREET #210	2a. Principal Office Address 7175 SW 8 ST #210	3a. Date of Last Report 11/06/1995	5b. Amount of Capital Contributions in FLORIDA to date
City & State MIAMI FL	City & State MIAMI FL.	4. State or Country of Formation FL	6. FET Number 59-2084020 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33144-4673 <i>DADC</i>	Country DADC	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent DINER, MANUEL 141 N.E. 3RD AVENUE SUITE 601 MIAMI FL 33132	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, 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

**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) NARDER, GIOVANNI	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 150 N.E. 2ND AVE-61 7175 SW 8 ST #210 MIAMI FL 33144	11b. City, State & Zip Code MIAMI FL 33144	11c. Registration/ Document Number 100001970271 -10/10/96--01020--021 ***576.25 ***576.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 X

Giovanni Narder

DATE

10/1/96

Typed or Printed Name of General Partner Signing Form

Giovanni Narder

Daytime Telephone Number

305-264-4040

CR2E003 (6/96)