

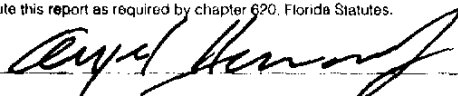


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 FEB -9 PM 1:21	
1. Name of Limited Partnership INTERNATIONAL PLAZA ASSOCIATES, LTD.		1a. DOCUMENT # A12001			
Mailing Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145		Principal Office Address 2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145		3. Date Formed or Registered 01/22/1982	5a. Capital Contributions as Shown on record. \$3,200,000.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 11/07/1996	5b. Amount of Capital Contributions in FLORIDA to date
City & State		City & State		4. State or Country of Formation FL	
Zip		Zip		6. FEI Number 13-3126382	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Country		Country		7. Certificate of Status Desired <input checked="" 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 THE RELATED COMPANIES OF FLORIDA, INC. 2828 CORAL WAY PENTHOUSE SUITE 1 MIAMI FL 33145				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number		
AUGUST PROPERTIES CORP. I THE RELATED COMPANIES OF FLO	625 MADISON AVENUE 2828 CORAL WAY, PH ST	NEW YORK NY MIAMI FL	848954 617998		
437.50 103.75 8.75		100002430631-7 -02/13/98-01122-006 ****550.00 ****550.00 dce			
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 		ANGEL HERNANDEZ VICE - PRESIDENT		DATE 12/23/97	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number 305-4609900			

CR2E003 (6/97)