

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

FILED
97 SEP 19 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership CORAL 97 ASSOCIATES, LTD.	1a. DOCUMENT # A14610 98-AR CM
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2. Mailing Address 8360 WEST FLAGLER STREET SUITE 200 MIAMI FL 33144	2a. Principal Office Address 8360 WEST FLAGLER STREET SUITE 200 MIAMI FL 33144	3. Date Formed or Registered 05/27/1983 3a. Date of Last Report 09/16/1996 4. State or Country of Formation FL 6. FEI Number 59-2360326 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 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)
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5a. Capital Contributions as Shown on record \$1,417,500.00	5b. Amount of Capital Contributions in FLORIDA to date
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9. Name and Address of Current Registered Agent

LIMA, FELIX
8360 W. FLAGLER ST.
SUITE 200
MIAMI FL 33144

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
LIMA, FELIX	8360 W. FLAGLER #200	MIAMI FL	

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****541.25 ****541.25

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 in chapter 620, Florida Statutes.

SIGNATURE  DATE 9/16/97

Typed or Printed Name of General Partner Signing Form Felix Lima Daytime Telephone Number 305-554-7229

CR2E003 (6/97)