

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

FILED

97 DEC 10 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A15028

BELL S. PARTNERS, LTD.



12/11

Mailing Address

Principal Office Address

~~8701 SW 137TH AVE~~
~~#300~~
~~MIAMI FL 33183~~

~~8701 SW 137TH AVE~~
~~#300~~
~~MIAMI FL 33183~~

3. Date Formed or Registered

07/29/1983

5a. Capital Contributions as Shown on record

\$24,750.00

3a. Date of Last Report

12/26/1996

5b. Amount of Capital Contributions in FLORIDA to date:

\$24,750.00

4. State or Country of Formation

FL

2. Mailing Address

11880 S.W. 40th St.

2a. Principal Office Address

11880 S.W. 40th St.

Suite, Apt. #, etc.

#405

Suite, Apt. #, etc.

#405

City & State

Miami, FL

City & State

Miami, FL

Zip

33175

Country

USA

Zip

33175

Country

USA

6. FEI Number

59-2325636

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

MUDD, JOHN
8701 SW 137TH AVE
#300
MIAMI FL 33183

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

11880 S.W. 40th St.

Suite, Apt. #, etc.

#405

City

Miami

FL

Zip Code
33175

10a. Pursuant to the provisions of sections 620.105.1 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)

BELL PARTNERS, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

8701 SW 137TH AVE #30

11b. City, State & Zip Code

MIAMI FL

11c. Registration/Document Number

G48803

500002371055--6
-12/12/97--01093--008
******285.75 ****285.75**

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

Paul Schaefer

DATE

11/25/97

Typed or Printed Name of General Partner Signing Form

Paul Schaefer, President

Daytime Telephone Number

(305) 221-1900

CR2E003 (6/97)