

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT # **A16853**

1. Name of Limited Partnership

VIZCATRAN, LTD.

REINSTATEMENT 95-2000

2. Principal Office Address
7380 NW 77 COURT

3. Mailing Office Address
7380 NW 77 COURT

4. Date Formed or Registered
To Do Business in Florida 4

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-2397922

Applied For
Not Applicable

City & State
MEDLEY, FLORIDA

City & State
MEDLEY, FLORIDA

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

Zip 33166 Country USA

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7a. Capital Contributions as shown on Record:
120,000.00

7b. Amount of Capital Contributions in FLORIDA to date:
120,000.00

8. Name and Address of Current Registered Agent

Name
JUAN MANUEL DELGADO

Street Address (P.O. Box Number is Not Acceptable)
7380 NW 77 COURT

Suite, Apt. #, Etc.

City
MEDLEY

State Zip Code
FL 33166

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$600 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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 10/10/00

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

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

City, State and Zip Code

10a. Registration
Document Number

JUAN MANUEL DELGADO

7380 NW 77 COURT

MEDLEY, FL 33166

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

DATE 10/10/00

Typed or Printed Name of General Partner Signing Form JUAN MANUEL DELGADO

Telephone Number (305) 592-2223

CR2E039 (11/99)