FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1000

SIGNATURE 4

Typed or Printed Name of General Paymer Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SECRETARY OF STATE
DIVISION OF CORFORATION

98 DEC 11 AM 9:56

1999		DIVISION OF CORP	PORATIONS	98.05	C 14	"URATIONS	
1. Name of Limited Partnership	^{1a.} A17	DOCUMEN 052		CII AM	9: 56		
PALM PLAZA PARTNERS, LTD.				1.012/17			
Mailing Address	Principal Office	Address		3. Date Formed or Registered	5a. Capita	I Contributions as	
10105 SW 111TH ST. MIAMI FL 33176	10105 SW 11 Miami FL 331			05/16/1984 3a. Date of Last Report 12/29/1997	14,000.00 nt of Capital butions in FLORIDA		
2. Mailing Address	2a. Principal	Office Address	4. State or Country of Formation	₩ ^{to date}	:: -		
				FL	714	000,00	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		6. FEI Number 59-2435843		Applied For Not Applicable	
City & State	City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Žip	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
Q Name and Address	e of Current Benjataned Scent			10 If changed new Registers	od Agent/Office		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office Name				
MOLINA, RAYMOND E		Š	Street Address (P.O. Box Number Is Not Acceptable)				
10105 SW 111TH ST. MIAMI FL 33176			Suite, Apt. #, etc.				
WEART E SST/O		City		Zip Code			
					FL		
10a. Pursuant to the provisions of sections of for the purpose of changing its registen agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appointment)	ed office or registered agent, or bo e obligations of section 620,192, F intment)	th, in the State of Florida. Si lorida Statutes.	uch change was auf	thorized by its general partner(s). I here	by accept the app	pointment of registered	
A GENERAL PARTNER	THAT IS A CORP MUST BE REGIS	ORATION, LIM STERED AND A	IITED PAR ACTIVE WI	TNERSHIP OR OTHE TH THIS OFFICE.	ER BUSIN	IESS ENTITY	
11. Name(s) of General Partner(s)	11a. Ad	dress of Each General Part OT Use Post Office Box Nu	tner 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
MOLINA, RONALD R	10105 S\	10105 SW 111TH ST.		MIAMI FL 33176		NONE	
MOLINA, RAYMOND E	DLINA, RAYMOND E 10105 SW 111TH ST.		MIAMI FL 33176			•	
				800 <u>0</u> 027 ****5;	* 1 6 6 5 98 0100 26 25 *	5 84 12004 ***526.25	
Note: General partners MA	Y NOT be changed	on this form; a	ın amendme	ent must be filed to ch	ange a ge	neral partner.	

1 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 acceptate and that my signature shall flave 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.

DATE

Daytime Telephone Number