


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>			FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b>  MIAMI, LTD.		<b>1a. DOCUMENT #</b> <b>A17753</b>		
<b>Mailing Address</b> 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33129		<b>Principal Office Address</b> 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33129		
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip Country		Zip Country		
		<b>3. Date Formed or Registered</b> 08/28/1984		
		<b>3a. Date of Last Report</b> 01/13/1997		
		<b>4. State or Country of Formation</b> FL		
		<b>5a. Capital Contributions as Shown on record.</b> \$50.00		
		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>		
		<b>6. FEI Number</b> 59-2467648 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
		<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>9. Name and Address of Current Registered Agent</b>		<b>10. If changed, new Registered Agent/Office</b>	
MARTINEZ, ARISTIDES 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33134		Name Street Address (P.O. Box Number is Not Applicable) Suite, Apt. #, etc. City	
		5000002394365--2 -01708798--01096--001 ***165.00 ***165.00 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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
MARTINEZ, ARISTIDES	401 MIRACLE MILE, S-3	CORAL GABLES FL	

**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

Typed or Printed Name of General Partner Signing Form

DATE

Daytime Telephone Number

ARISTIDES MARTINEZ  
GENERAL PARTNER

12/23/97

305-446-3234

CP2E003 (6/97)