


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 JAN -4 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership MIAMI, LTD.		1a. DOCUMENT # A17753			
Mailing Address 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33129		Principal Office Address 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33129		3. Date Formed or Registered 08/28/1984	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/26/1997	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record. \$50.00		5b. Amount of Capital Contributions in FLORIDA to date:	
6. FEI Number 59-2467648		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
7. Certificate of Status Desired		<input checked="" type="checkbox"/> \$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 MARTINEZ, ARISTIDES 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33134			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) MARTINEZ, ARISTIDES		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 401 MIRACLE MILE, S-302		11b. City, State & Zip Code CORAL GABLES FL	
11c. Registration/Document Number		3000002752433--C -01/22/93--01113--003 ***150.00 ***150.40999 T.J.C. JAN			
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 <i>Aristides Martinez</i>		DATE 12-31-98			
Typed or Printed Name of General Partner Signing Form Aristides Martinez		Daytime Telephone Number 305 446-3234			

CR2E003 (8/98)