

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED

96 NOV 26 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Handwritten initials

1. Name of Limited Partnership IBERIA APTS., LTD.	1a. DOCUMENT # A18967
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Mailing Address P.O. BOX 520682 MIAMI FL 33152-682	Principal Office Address 1361 NW 4TH STREET BLDG 8 MIAMI FL 33125
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address 5870 S.W. 8TH STREET Suite, Apt. #, etc. Suite # 7
City & State	City & State MIAMI, FL. 33144
Zip Country	Zip Country 33144 USA

3. Date Formed or Registered 01/24/1985	5a. Capital Contributions as Shown on record \$4,950.00
3a. Date of Last Report 12/12/1995	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 59-2537747 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input 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
LICKSTEIN, FRED
201 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES FL

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) I.S.L.P. CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5700 S.W. 8TH STREET 5870 SW 8TH STREET SUITE # 7	11b. City, State & Zip Code MIAMI FL	11c. Registration/Document Number K95340
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CR2E003 (6/96)

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 ISLP CORP BY: _____ DATE **11/21/96**

Typed or Printed Name of General Partner Signing Form **ISLP CORP BY: JORGE L. BORANOS** Daytime Telephone Number **(305)(261-2600)**