

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 NOV -5 PM 2:42

<b>1. Name of Limited Partnership</b>  FONTANAR PARK LIMITED PARTNERSHIP	<b>1a. DOCUMENT #</b> <b>A19130</b>
--	--



<b>Mailing Address</b> 540 NW 114TH AVE. MIAMI FL 33172	<b>Principal Office Address</b> 540 NW 114TH AVE. MIAMI FL 33172	<b>3. Date Formed or Registered</b> 02/15/1985	<b>5a. Capital Contributions as Shown on record</b> \$2,100.00
		<b>3a. Date of Last Report</b> 10/20/1995	<b>5b. Amount of Capital Contributions in FL ORIDA to date</b>
		<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>6. FEI Number</b> 59-2496562	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	<b>7. Certificate of Status Desired</b>	
Zip Country	Zip Country	<input checked="" type="checkbox"/> \$8.75 Additional Fec Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b> CARRODEGUAS, VICENTE 540 N.W. 114TH AVENUE MIAMI FL 33172	<b>10. If changed, new Registered Agent/Office</b>
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
ZALDIVAR, FIDEL	540 N.W. 114TH AVENUE	MIAMI FL 33172	P94000090568  900002009429--9 -11/20/96--01030--002 ****200.00 ****200.00 <b>KWM /cus</b>
MANUEL GARCIA, TRUSTEE OF FA	21 S.E. 1ST AVENUE	MIAMI FL 33131	
DEKARON CORPORATION	540 N.W. 114TH AVENUE	MIAMI FL 33172	

**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 *F. A. Zaldivar* DATE *10/29/96*

Typed or Printed Name of General Partner Signing Form *F. A. Zaldivar* Daytime Telephone Number *(305) 223-2759*

CR2E003 (6/96)