

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

FILED

96 OCT 16 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ARAMA LIMITED	1a. DOCUMENT # A20173 <i>97-AK CM</i>
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Mailing Address 2307 DOUGLAS RD. STE 401 MIAMI FL 33145	Principal Office Address 2307 DOUGLAS RD. STE 401 MIAMI FL 33145
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 06/14/1985	5a. Capital Contributions as Shown on record \$96.00
3a. Date of Last Report 10/09/1995	5b. Amount of Capital Contributions in FLORIDA to date 0.00
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 59-2504335	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired <input type="checkbox"/>	
8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent JIMENEZ, MARIO R. 2307 S. DOUGLAS ROAD SUITE 401 MIAMI FL 33145
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City	700001982877--4 10/22/96--01091--005 ****191.25 ****191.25 FL Zip Code
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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
JIMENEZ, MARIO	2307 DOUGLAS ROAD.	MIAMI FL	
BOHR, RAY	2307 DOUGLAS ROAD	MIAMI FL	
MARTINEZ, ARISTIDES	2307 DOUGLAS ROAD	MIAMI 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 *[Signature]* DATE _____
 Typed or Printed Name of General Partner Signing Form MARIO R. JIMENEZ Daytime Telephone Number 305-441-8582

SEP 24 1996

CR2E003 (6/96)