

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED

97 JUN 23 AM 8:31



| | |
|--------------------------------|---------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A20173 |
|--------------------------------|---------------------------------|

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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 | 6. FEI Number 59-2504335 <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 JIMENEZ, MARIO R. 2307 S. DOUGLAS ROAD SUITE 401 MIAMI FL 33145 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Accepted) 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) JIMENEZ, MARIO BORR, RAY MARTINEZ, ARISTIDES | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2307 DOUGLAS ROAD 2307 DOUGLAS ROAD 2307 DOUGLAS ROAD | 11b. City, State & Zip Code MIAMI FL MIAMI FL MIAMI FL | 11c. Registration/Document Number 300002222623-4 -06/25/97--01069-0002 ****603.75 ****603.75 |
|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

RESTATEMENT

Postmarked 4/24

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 *x*

Typed or Printed Name of General Partner Signing Form

MARIO R. JIMENEZ

DATE

4/23/97

Daytime Telephone Number

305-941-8582

CR2E003 (11/96)