



**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC 29 AM 9:22 <i>with 1/9</i>	
1. Name of Limited Partnership CAPITAL GAINS GROUP, LTD.		1a. DOCUMENT # A22591			
Mailing Address 6425 SW 135TH DR. MIAMI FL 33156		Principal Office Address 6425 SW 135TH DR. MIAMI FL 33156		3. Date Formed or Registered 05/20/1986	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/21/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-2713130 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip		Country		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)	
				5a. Capital Contributions as Shown on record. \$1,413,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date: \$1,355,878.00	

9. Name and Address of Current Registered Agent BROWN, LEWIS % GILBRIDE, HELLER & BROWN, P.A. 1 BISCAYNE TOWER, 2 S. BISCAYNE BLVD. #1946 MIAMI FL 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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) C. G. ORLANDO CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6425 S.W. 135TH DR.	11b. City, State & Zip Code MIAMI FL 33156	11c. Registration/ Document Number P95000065326
100002399211--7 -01/14/98--01004--008 ****541.25 ****541.25			

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 690, Florida Statutes.

SIGNATURE _____

DATE **12/22/97**

Typed or Printed Name of General Partner Signing Form **PHILIP ORME MILLER**

Daytime Telephone Number **305-667-3217**

CR2E003 (6/97)