

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 OCT -7 AM 8:58



1. Name of Limited Partnership	1a. DOCUMENT # A23066
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MIDWAY POINT ASSOCIATES, LTD.

Mailing Address 10000 SW 56 STREET #32 MIAMI FL 33165	Principal Office Address 10000 SW 56 STREET #32 MIAMI FL 33165	3. Date Formed or Registered 08/15/1986	5a. Capital Contributions as Shown on record. \$200.00
		3a. Date of Last Report 09/20/1996	
		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	6. FE# Number 59-2713566	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent RODRIGUEZ, PEDRO NELSON 1000 SW 56 STREET #32 MIAMI FL 33165	10. If changed, new Registered Agent/Office Name J. LUIS QUINTANA Street Address (P.O. Box Number Is Not Acceptable) 338 MINORCA AVE Suite, Apt #, etc. City CORAL GABLES FL Zip Code 33134
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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) *[Signature]* DATE **9-23-97**

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) P.N.R. DEVELOPERS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10000 SW 56 STREET #3	11b. City, State & Zip Code MIAMI FL	11c. Registration/Document Number M32589 000002315540--1 -10/08/97--01120--003 ****165.00 ****165.00 <i>[Signature]</i> 10-8
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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 **9/23/97**
Typed or Printed Name of General Partner Signing Form **P. Nelson Rodriguez** Daytime Telephone Number **305-595-8220**

CR2E003 (6/97)