

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP ANNUAL REPORT 1997 DOCUMENT # <b>A23498</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JUL 28 AM 8:09	
1. Name of Limited Partnership <b>PASS SKLAR CENTER LIMITED</b>				DO NOT WRITE IN THIS SPACE.	
2. Mailing Address <b>801 NW 37th Ave. #206</b> Suite, Apt. #, etc. <b>#206</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33125</b> Country		3. Principal Office Address <b>801 NW 37th Ave. #206</b> Suite, Apt. #, etc. <b>#206</b> City & State <b>MIAMI, FLORIDA</b> Zip <b>33125</b> Country		4. Date Formed or Registered To Do Business in Florida <b>10-28-86</b>	
				5. FEI Number <b>59-2763365</b>	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
				7. State or Country of Formation <b>FLORIDA</b>	
8a. Capital Contributions as Shown on Record <b>98.00</b>		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. <b>FF 156.25</b> Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
8b. Amount of Capital Contributions in FLORIDA to date					
9. Name and Address of Current Registered Agent <b>CAPITAL SQUARE INC. 801 NW 37th AVENUE; #206 MIAMI, FLORIDA 33125</b>				10. If changed, now registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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 _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Names of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	
11a. Registration Document Number					
<b>CAPITAL SQUARE INC.</b>		<b>801 NW 37th Ave. #206</b>		<b>MIAMI, FLORIDA 33125</b>	
<b>V23618</b>		<b>300002251039--1</b> <b>-07/29/97--01093--002</b> <b>****156.25 ****156.25</b>			
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
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 _____ DATE <b>6/3/97</b>					
Typed or Printed Name of General Partner Signing Form <b>HORACIO ROZENBLUM</b> Telephone Number <b>(305) 643-6515</b>					

A23498

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUL 28 AM 8:10

APPLICATION FOR  
REINSTATEMENT  
FOR  
LIMITED PARTNERSHIPFLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

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PASS SKLAR CENTER LIMITED

R.A. Signature Only

DO NOT WRITE IN THIS SPACE

2. Mailing Address

801 NW 37th Ave. #206

Suite, Apt. #, etc.

#206

City &amp; State

MIAMI, FLORIDA

Zip

33125

Country

3. Principal Office Address

801 NW 37th Ave. #206

Suite, Apt. #, etc.

#206

City &amp; State

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4. Date Formed or Registered  
To Do Business in Florida

10-28-86

5. FEI Number

59-2763365

Applied For

Not Applicable

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for a Certificate of Status

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9. Name and Address of Current Registered Agent

CAPITAL SQUARE INC.  
801 NW 37th AVENUE; #206  
MIAMI, FLORIDA 33125

10. If changed, new registered agent/office

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

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11. Names of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration  
Document Number

CAPITAL SQUARE INC.

801 NW 37th Ave.  
#206MIAMI, FLORIDA  
33125

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

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SIGNATURE

DATE 6/3/97

Typed or Printed Name of General Partner Signing Form

HORACIO ROZENBLUM

Telephone Number

(305) 643-6515

CR2E039 (1/97)