

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
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 SEP 17 AM 9:34



1. Name of Limited Partnership	1a. DOCUMENT # A23498
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PASS SKLAR CENTER, LTD.

Mailing Address 801 NW 37TH AVE. #206 MIAMI FL 33125	Principal Office Address 801 NW 37TH AVE. #206 MIAMI FL 33125	3. Date Formed or Registered 10/28/1986	5a. Capital Contributions as Shown on record. \$98.00
		3a. Date of Last Report 07/28/1997	5b. Amount of Capital Contributions in FLORIDA to date.
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	6. FEI Number 59-2763365 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	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)
City & State	City & State		
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent CAPITAL SQUARE INC. 801 NW 37TH AVE., #206 MIAMI FL 33125	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 8000102296358--3 Suite, Apt. #, etc. 09/17/97-0122-013 City ****156.25 ****156.25 Zip Code FL
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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.

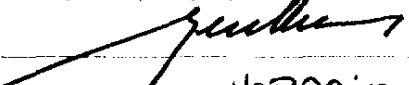
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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) CAPITAL SQUARE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 801 NW 37TH AVE., #20	11b. City, State & Zip Code MIAMI FL 33125	11c. Registration/ Document Number V23618
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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  DATE **9/15/97**
 Typed or Printed Name of General Partner Signing Form **HORACIO ROZENBLUM** Daytime Telephone Number **(305) 643-6515**

CR2E003 (6/97)