

**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 NOV - 5 AM 10: 04



1. Name of Limited Partnership

1a. DOCUMENT #  
**A23652**

**CARIBE ASSOCIATES, LTD.**

Mailing Address

C/O ROBERT GOLDFINGER  
P. O. BOX 14424  
TAMPA FL 33690

Principal Office Address

C/O ROBERT GOLDFINGER  
P. O. BOX 14424  
TAMPA FL 33690

3. Date Formed or Registered

12/01/1986

5a. Capital Contributions as  
Shown on record.

**\$310,000.00**

3a. Date of Last Report

10/24/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

NY

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

13-3377625

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

GOLDFINGER, ROBERT  
1014 S. STERLING AVE  
TAMPA FL 33629

10. If changed, new Registered Agent/Office

Name

1000002345501--6

Street Address (P.O. Box Number is Not Acceptable)

11/12/97--01120--015

Suite, Apt. #, etc.

\*\*\*\*541.25 \*\*\*\*541.25

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)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

CONTINENTAL EQUITIES

8705 THIRD AVE.

NEW YORK NY

G92366003320

GOLDFINGER, ROBERT

1014 S. STERLING AVE.

TAMPA FL

GOREN BROTHERS

805 THIRD AVE

NEW YORK NY

G92366005586

**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

*Robert Goldfinger*

DATE

11/2/97

Typed or Printed Name of General Partner Signing Form

ROBERT GOLDFINGER

Daytime Telephone Number

254-0077

CR2E003 (6/97)