1995 ANNUAL REPORT

APPLICATION FOR ~~REINSTATEMENT~~ ~~FOR~~ LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 28 PM 3:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # A 23751

1. Name of Limited Partnership
Goldkress Associates, Ltd.

2. Mailing Address
230 5th St.
Suite, Apt # etc
City & State
Miami Beach, FL
Zip 33139 Country U.S.A.

3. Principal Office Address
230 5th St.
Suite, Apt # etc
City & State
Miami Beach, FL
Zip 33139 Country U.S.A.

4. Date Formed or Registered To Do Business in Florida 12/10/86

5. FEI Number 133406227 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation FLA.

8a. Capital Contributions as Shown on Record
400,000

8b. Amount of Capital Contributions in FLORIDA to date
400,000

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) $138.75 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
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.

9. Name and Address of Current Registered Agent
Craig Robins
230 5th St.
Miami Beach, FL 33139

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt # etc
City FL Zip Code

300001472953
05/03/95--01058--009
****576.25 ****576.25

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. 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
Goldkress, Inc	103 Greene St.	New York, N.Y.	M42572

Clyt 4/28/95

originally recd. prior to revocation Clyt 4/28/95

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 4/24/95

Typed or Printed Name of General Partner Signing Form Craig Robins, President Telephone Number (305)531-8700

CR2E039 (4/95)