


**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b>  <b>MIAMI, LTD., II</b>		<b>1a. DOCUMENT #</b> <b>A24184</b>	
<b>Mailing Address</b> 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33134		<b>Principal Office Address</b> 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33134	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Formed or Registered</b> 02/19/1987		<b>5a. Capital Contributions as Shown on record.</b> \$2,966,500.00	
<b>3a. Date of Last Report</b> 12/20/1996		<b>5b. Amount of Capital Contributions in FLORIDA to date.</b> \$2,966,500.00	
<b>4. State or Country of Formation</b> FL		<b>6. FEI Number</b> 59-2803384	
<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

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 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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<b>9. Name and Address of Current Registered Agent</b> MARTINEZ, ARISTIDES 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33134		<b>10. If changed, now Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
<b>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.</b>			
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>			
<b>11. Name(s) of General Partner(s)</b> ARMART, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 401 MIRACLE MILE #302	<b>11b. City, State &amp; Zip Code</b> CORAL GABLES FL	<b>11c. Registration/Document Number</b> M46448
200002334592--4 -01/08/98--01035--025 ***\$50.00 ***\$50.00			

**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 Dvs on 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 *Aristides Martinez* - PRES ARMART INC. GEN PAR

Typed or Printed Name of General Partner Signing Form

ARISTIDES MARTINEZ

DATE 12/23/97  
 (305) 446-3234

Daytime Telephone Number

CP2E003 (6/97)