2000 UNIFORM BUSINESS REPORT (UBR) A25502 **DOCUMENT #** 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS TEXAS INVESTMENT, LTD. DO JUN 30 PH 1:29 Principal Place of Business Mailing Address 132 MINORCA AVE. 132 MINORCA AVE. CORAL GABLES FL 33134 CORAL GABLES FL 33134-4510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For ·City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Country \$8.75 Additional 7ip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SULLIVAN, JOHN Street Address (P.O. Box Number is Not Acceptable) 2600 GRANADA BLVD. CORAL GABLES, FL FL 33134 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$10,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record in FLORIDA to date.. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. M62508 DOCUMENT # STREET ADDRESS TEXAS INVEST. GENERAL NAME 132 MINORCA AVE. STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP ****141.25 F94000001441 DOCUMENT# STREET ADDRESS CENTENNIAL TRADE INC. NAME P.O. BOX 6-1014, ELDORADO N/A STREET ADDRESS CITY-ST-ZIP PANAMA.REP.OF PANAMA CFTY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY+ST-ZIP ČITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-78P CITY ST-ZIP STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this seport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIXVATURE PJohn'S I Sullivan as President
TEXTAN THE CENTER STERM THE CONTROL OF THE PARTNER. General Partner

1/26/2000

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Daytime Phone #