

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JAN 14 AM 9:40



1. Name of Limited Partnership

1a. DOCUMENT #  
A25834

SOVEREIGN CAPITAL GROUP LIMITED PARTNERSHIP

Mailing Address  
~~2933 PONCE DE LEON BLVD.~~  
~~SUITE 1110~~  
~~CORAL GABLES FL 33134~~

Principal Office Address  
~~2933 PONCE DE LEON BLVD.~~  
~~SUITE 1110~~  
~~CORAL GABLES FL 33134~~

3. Date Formed or Registered  
01/25/1988

5a. Capital Contributions as  
Shown on record.  
\$100,000.00

3a. Date of Last Report  
01/03/1996

4. State or Country of Formation  
FL

5b. Amount of Capital  
Contributions in FLORIDA  
to date  
\$1000.00

2. Mailing Address  
80 S.W. 8th ST.

2a. Principal Office Address  
80 S.W. 8th ST.

Suite, Apt. #, etc.  
Suite # 2120

Suite, Apt. #, etc.  
2120 Suite #

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip Country  
33130 USA

Zip Country  
33130 U.S.A

6. FEI Number  
59-2802133  
☐ 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

10. If changed, new Registered Agent/Office

VERGARA, CARLOS M

Name

~~2333 PONCE DE LEON BLVD.~~ 80 S.W. 8th ST.  
~~STE. #1110~~ Suite 2120  
~~CORAL GABLES FL 33134~~ Miami, Florida 33130

500002059015--9

Street Address (P.O. Box Number is Not Accepted) 01/15/97-01057-009

Suite, Apt. #, etc.

\*\*\*\*191.25 \*\*\*\*191.25

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 11-20-96

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

SOVEREIGN VENTURE CAPITAL, I

~~2333 PONCE DE LEON BL~~  
80 S.W. 8th ST.  
Suite # 2120

~~CORAL GABLES FL~~  
Miami, FL. 33130

M79542

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 11-20-96

Typed or Printed Name of General Partner Signing Form Carlos M. Vergara - V.P. S.V.C. I.

Daytime Telephone Number 305-871-0019

Its General Partner