

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
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*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 29 AM 9:32

1. Name of Limited Partnership	1a. DOCUMENT # A25932
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MONTENAY-DADE, LTD.

Mailing Address 3225 AVIATION AVENUE 4TH FLOOR MIAMI FL 33133	Principal Office Address 3225 AVIATION AVENUE 4TH FLOOR MIAMI FL 33133	3. Date Formed or Registered 02/12/1988	5a. Capital Contributions as Shown on record. \$54,459,900.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/23/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0108258	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/>	\$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 NATIONAL CORPORATE RESEARCH LTD., INC. 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) MONTENAY POWER CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3225 AVIATION AVE 4TH	11b. City, State & Zip Code MIAMI FL	11c. Registration/ Document Number H61082
400002310434--8 -10/02/97--01089--008 ****541.25 ****541.25 KWM			

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

Typed or Printed Name of General Partner Signing Form: **MONTENAY POWER CORP.**

Daytime Telephone Number

09-25-97
(305) 854-2229

CR2E003 (6/97)