


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership: CORAL WEST LTD.		1a. DOCUMENT # A26740			
Mailing Address 19495 BISCAYNE BLVD., SUITE 600 AVENTURA FL 33180		Principal Office Address 19495 BISCAYNE BLVD., SUITE 600 AVENTURA FL 33180			
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country			



3. Date Formed or Registered 07/15/1988	5a. Capital Contributions as Shown on record \$1,600,000.00
3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 65-0060658	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent BATIEVSKY, BERNARDO 19495 BISCAYNE BLVD., SUITE 600 AVENTURA FL 33180	Name Street Address (P.O. Box Number Is Not Applicable) Suite, Apt. #, etc. City Zip Code
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10. If changed, new Registered Agent/Office

Name
 Street Address (P.O. Box Number Is Not Applicable)
 Suite, Apt. #, etc.
 City
 Zip Code
FL

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). Thereby 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 _____

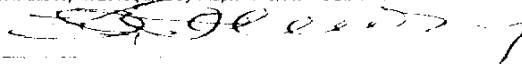
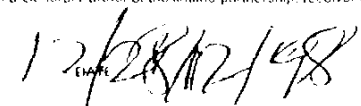
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) AMERICAN EQUITY CENTERS CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 19495 BISCAYNE BLVD.,	11b. City, State & Zip Code AVENTURA FL 33180	11c. Registration/Document Number H58729
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 -02/09/98-01038-002
 ****526.25 ****526.25

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 _____ Daytime Telephone Number _____

CR2E003 (8/98)