

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. McRham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 11 AM 10:32



1. Name of Limited Partnership

1a. DOCUMENT #
A27413

GARDENS OF MIAMI LIMITED PARTNERSHIP

Mailing Address

2001 NE 214 TERRACE
N MIAMI BCH. FL

Principal Office Address

ATTN: EQUINVEST CORP.
2999 N.E. 191ST STREET #608
NORTH MIAMI BEACH FL 33180

3. Date Formed or Registered

11/18/1988

5a. Capital Contributions as
Shown on record.

\$975,000.00

3a. Date of Last Report

12/26/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

19355 NE 36 CT

Suite, Apt. #, etc.
TS - CD

City & State
AVENTURA, FLORIDA

Zip Country
33180 U.S.A

2a. Principal Office Address

16241 NW 48 Ave

Suite, Apt. #, etc.

City & State
Miami FLORIDA

Zip Country
33014 U.S.A

6. FEI Number

65-0093325

☐ 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

BESSO, MICHEL
2001 NE 214 TERRACE
NORTH MIAMI BEACH FL 33179

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

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

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)

EQUINVEST CORP.
RESPRO INVESTMENT GROUP

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2001 NE 214 TERRACE
9200 S DADELAND BLVD.

11b. City, State & Zip Code

N. MIAMI BEACH FL
MIAMI FL

11c. Registration/
Document Number

K18850
K42849

100002521261--3
-05/13/98--01004--026
****541.25 ****541.25

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

Michel Besso as per for Equinvest Corp Gen Partner

DATE 12-23-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)