

**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

96 DEC 16 AM 8:57

12/19



1. Name of Limited Partnership
AMERICAN EQUITIES LTD. NO 1

1a. DOCUMENT #
A28621

Mailing Address 2300 CORAL WAY, CANTELOP BLDG., STE. 200 MIAMI FL 33145	Principal Office Address 2300 CORAL WAY, CANTELOP BLDG., STE. 200 MIAMI FL 33145	3. Date Formed or Registered 07/10/1989	5a. Capital Contributions as Shown on record \$495,000.00
2. Mailing Address 2300 CORAL WAY	2a. Principal Office Address 2300 CORAL WAY	3a. Date of Last Report 12/29/1995	5b. Amount of Capital Contributions in FLORIDA to date \$ 495,000.00
Suite, Apt. #, etc. SUITE 200, CANTELOP BLDG	Suite, Apt. #, etc. SUITE 200, CANTELOP BLDG	4. State or Country of Formation FL	6. FEI Number 65-0517705
City & State MIAMI FLORIDA	City & State MIAMI FLORIDA	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33145	Country	8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent AMADA CANTERA LOPEZ FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY, CANTELOP BLDG., STE. 200 MIAMI FL 33145	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) *[Signature]* DATE **12/12/96**

**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
ALLCONCEPT, INC.	2300 CORAL WAY, CANTE	MIAMI FL 33145	M97775
			700002037977-5 -12/26/96--01007--011 *****576.25 *****576.25
			700002037977-5 -12/26/96--01007--025 *****8.75 *****8.75

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 *[Signature]* DATE **12/10/96**
Typed or Printed Name of General Partner Signing Form **AMADA LOPEZ-CANTERA, VP** Daytime Telephone Number **305 - 854-1040**
ALLCONCEPT, INC.

CR2E003 (6/96)