



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 DEC 15 AM 10:13 <i>mtu</i> 12/17</p> 	
1. Name of Limited Partnership ASSEMBLE IT, LTD.		1a. DOCUMENT # A29132			
Mailing Address % JOSE FERNANDEZ P.O. BOX 19-1511 MIAMI BEACH FL 33119		Principal Office Address % JOSE FERNANDEZ P.O. BOX 19-1511 MIAMI BEACH FL 33119		3. Date Formed or Registered 10/30/1989 3a. Date of Last Report 12/31/1996 4. State or Country of Formation FL 6. FEI Number 65-0179013 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)	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$1,500.00 5b. Amount of Capital Contributions in FLORIDA to date: \$1,500.00	

9. Name and Address of Current Registered Agent WASSERMAN, MARTIN W., ESQ. 999 WASHINGTON AVENUE MIAMI BEACH FL 33139		10. If changed, now 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) ZERMATT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 471 S.W. 8TH STREET	11b. City, State & Zip Code MIAMI FL 33130	11c. Registration/Document Number L25596
---	---	--	--

600002376916-3
 -12/18/97--01099--019
 ****156.25 ****156.25

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 *Jose Fernandez* DATE 12-5-97
 Typed or Printed Name of General Partner Signing Form JOSE FERNANDEZ, PRESIDENT Daytime Telephone Number (305) 859-8225

CR2E003 (6/97)