FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

SUNSET INTERNATIONAL WEST, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A29781**

SECRETARY OF STATE OF CORPORATIONS 96 OCT 24 IM 9: 48



Mailing Address 2700 SW 23RD TERRACE MRAMI FL 33145		Principal Office Address 2700 SW 23RD TERRACE MIAMI FL 33145		3. Date Formed or Registered 03/14/1990 3a. Date of Last Report 11/17/1995	\$1,000,000.00 \$1,000,000.00
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formati	on to dais
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-2157693	Applied For
City & State		City & State		7. Certificate of Status Desire	U Not Applicable ■ \$8.75 Additional
Zip	Country	Zip	Country		Fee Required
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office Name		
WEISSLER, ROBERT I. 2200 MUSEUM TOWER 150 W. FLAGLER STREET MIAMI FL 33130			Street Address (P.O. Box Number Is Not Acceptable)		
			Suite. Apri # etc		
			City		FL Zip Gode
		e or registered agent, or both, in the St ations of section 620-192, Florida Statut		e was authorized by its general partner(s)	Thereby accept the appointment of register
	ered Agent Accepting Appointment AL PARTNER THA MU	AT IS A CORPORATI IST BE REGISTERE	D AND ACTIV		HER BUSINESS ENTIT
A GENER	AL PARTNER THA	AT IS A CORPORATI	D AND ACTIV	PARTNERSHIP OR OT	
A GENER	AL PARTNER THA MU	AT IS A CORPORATI IST BE REGISTERE	D AND ACTIV th General Partner t Office Box Numbers)	PARTNERSHIP OR OT E WITH THIS OFFICE. 11b. City State & Zip Code MIAMI FL ELCILICIO -107	THER BUSINESS ENTIT

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). Flor da Statutes Tirelease 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 even pt 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.

Typed or Printed Name of General Partner Signing Form

SIGNATURE /

empowered to execute this report as required by chapter 620. Florida Statutes

Daytime Telephone Number

.. DATE. Of 21, 1996

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