

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

FILED

96 SEP 25 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

MARIE PARTNERS, LTD.

1a. DOCUMENT #
A29919

an-AR
cm



Mailing Address

P.O. BOX 3006
MAYAGUEZ 00681-3006
PUERTO RICO

Principal Office Address

P.O. BOX 3006
MAYAGUEZ 00681-3006
PUERTO RICO

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

04/13/1990

3a. Date of Last Report

12/27/1995

4. State or Country of Formation

FL

6. FEI Number

65-0177670

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)

5a. Capital Contributions as Shown on record.

\$401,000.00

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

9. Name and Address of Current Registered Agent

ARROYO, ENRIQUE
ARROYO & ARROYO, P.A.
1550 MADRUGA AVE., SUITE 230
CORAL GABLES FL 33146

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)

FERNANDO L. SUMAZA
DIANA SANTOS DE SUMAZA

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

509 S. POST STREET
509 S. POST STREET

11b. City, State & Zip Code

MAYAGUEZ PR
MAYAGUEZ PR

11c. Registration/Document Number

000001965150
-10/04/95--01053--010
***576.25 ***576.25

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 609, Florida Statutes.

SIGNATURE

DATE

16 Sep 96

Typed or Printed Name of General Partner Signing Form

Fernando Sumaza

Division Telephone Number

(772)-933-2470

CPRE003 (6/96)