

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership VAI-SAL INVESTMENTS, LTD.		1a. DOCUMENT # A30095	
2. Mailing Address 901 Northpoint Parkway Suite 301 West Palm Beach FL 33407		2a. Principal Office Address 901 Northpoint Parkway Suite 301 West Palm Beach FL 33407	
3. Date of Report 05/17/1990		5a. Capital Contribution \$1,884,439.00	
3a. Date of Report 12/11/97		5b. Amount for Capital Contribution from 1990-97 None	
4. State or Country of Incorporation FL		6. Filing Fee 65-0195147	
7. Certificate Fee \$8.75		8. Check for fee to be paid to State None	

9. Name and Address of Current Registered Agent MURPHY, LAWRENCE E. ESQ. 400 EXECUTIVE CENTER DRIVE SUITE 201 WEST PALM BEACH FL 33401		10. Filing Fee & Report Fee None	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the undersigned hereby certifies that the information furnished in this report is true and correct for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I, the undersigned, hereby certify that the information furnished is true and correct, and accept the obligations of section 620.192, Florida Statutes.		10b. Filing Fee & Report Fee None	

Section 620.192, Florida Statutes (Agent Accepting Appointment)
**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) VAL SAL INV. CO., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Number) 901 NORTHPOINT PKWY WEST PALM BEACH FL	11b. City, State & Zip Code G75558	11c. Fee for Filing None
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied in this report is true and correct, and I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE: Rafael Saladrigas
Typed or Printed Name of General Partner: Rafael Saladrigas
Date: 1/14/97
Phone Number: (561) 687-1600