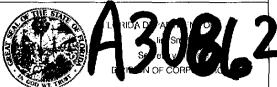
LIMITED PARTNERSHIP ANNUAL REPORT

. July

SIGNATURE K

Typed or Printed Name of General Partner Signing Form



SECRETARY OF STATE DIVISION OF CORPORATIONS

- DATE - 9/10/97----

Anthony J. Estevez, President Telephone Number 305-446-9200

1997		Se e v Dans N OF CORE		97 S	EP 11 PH 2: 11		
1. Name and Malling Address of Limited Partnership 1a. DOCUMI			FNT #		DO NOT WRITE IN THIS SPACE.		
		2. Enter Char	nge of Mailing Address				
CASTILLE-JACKSONV P.O. BOX 143436		City and State		Zip Code			
CORAL GABLES, FL.	33114			28. Enter Prince	ciple Place of Business	<u> </u>	
If above address is incorrect in any way, in	ne through the incorrect i	information and enter correct ad	dress in Block 2a.	City and State		Zip Code	
Date Registered to Do Business in FLORIDA 4. State or Country of F			Capital Contributions as on Record:	5b. Amount of FLORIDA	5b. Amount of Capital Contributions in FLORIDA to date:		
12/04/1990 6. THE BASIC ANNUAL REPORT A SUPPLEMENTAL FEE OF \$1: \$191.25 (\$52.50 + \$138.75) ANI Please submit your 1994 annual	38.75 PURSUANT O NO MORE THAN	TO s.607.193, FLORIDA \$576.25 (\$437.50 + \$13	PF \$7.00 PER A STATUTES, 38.75). For que	THOUSAND ON THE EFFECTIVE 7/1/92 pstions concerning f	2. THE FILING FEE SHALL filing fees, please call (904	BE NO LESS THAN	
7. Federal Employer Identification Number			mber Applled For Imber Not Applica	\$8.75 Additional for a Certificat	Fee required CERTIFICATE	OF STATUS DESIRED 🛣	
REGISTERED A	GENT INFORMA	ATION	Name	9. Name an	nd Address of New Registered Age	nt	
8. Name and Address of Current Registered Agent				41	0 0002294 9/16/971	784 6	
MARTINEZ, ERNESTO JR. 2655 S. LEJEUNE ROAD. PH 1-C CORAL GABLES, FL. 33134 Il above address is incorrect in any way, line through the incorrect information and enter correct address in Block 9.			Street Address	(P.O. Box Number Is Not	Acceptab聯樂業業821,25	****B21.25	
			City		FL	Zip Code	
10. Pursuant to the provisions of sections 62 the purpose of changing its registered of I am familiar with, and accept the obligation	fice or registered agent,	or both, in the State of Florida. S					
A GENERAL PARTNER	THAT IS A C	ORPORATION, L EGISTERED AN	IMITED P	ARTNERSHIP	OR OTHER BUSINESS	INESS ENTITY	
11. Names of Genoral Partner(s)		s of Each Goneral Partner(s) Use Post Office Box Numbers)	11b.	City and State	T	alion/Document Number	
FLA ADVISORS FINAN		2655 S. LeJeune Road PH 1-C		al Gables,	F1. M492	1998	
SUM 207.50 SUM 207.50 SUM 821.25	-	REINS	TATE	MENT_	997 Cus	AR.	
Note: General partners M.	AY NOT be ch	anged on this forn	n; an amen	idment must b	e filed to change a g	eneral partner.	
 I certify that the information indicated on the limited partnership, receiver or truste 	this annual report is true e empowered to execute	and accurate and that my signal this report is required by chap	alure shall have the ster 620, Florida Sta	e same legal effects as if r atutes.	made under oath. I further certify th	at I am a General Partner of	