

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1997

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF  
CORPORATION OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 11 PM 2:11

1. Name and Mailing Address of Limited Partnership

1a. DOCUMENT #

A30862

DO NOT WRITE IN THIS SPACE.

2. Enter Change of Mailing Address

City and State

Zip Code

2a. Enter Principle Place of Business

City and State

Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2a.

3. Date Registered to Do Business in  
FLORIDA

3a. Date of Last Report

4. State or Country of Formation

5a. Capital Contributions as Shown  
on Record.

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

12/04/1990

FLORIDA

\$600.00

6. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO s.607.193, FLORIDA STATUTES, EFFECTIVE 7/1/92. THE FILING FEE SHALL BE NO LESS THAN \$181.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning filing fees, please call (904) 487-6056. Please submit your 1994 annual report with a check payable in U.S. funds through a U.S. bank to the Secretary of State.

7. Federal Employer  
Identification Number

FEI Number Applied For  
FEI Number Not Applicable

\$8.75 Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

REGISTERED AGENT INFORMATION

9. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent

Name

4000002294784-- 6  
-09/16/97--01082--004

Street Address (P.O. Box Number is Not Acceptable) \*\*\*\*821.25 \*\*\*\*821.25

City

FL

Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 9.

10. 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. Names of General Partner(s)

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

11b. City and State

11c. Registration/Document Number

FLA ADVISORS FINAN

2655 S. LeJeune  
Road PH 1-C

Coral Gables, Fl.

M4920C

REINSTATEMENT 1997

8/1998  
AR.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 x

DATE 9/10/97

Typed or Printed Name of General Partner Signing Form

Anthony J. Estevez, President

Telephone Number

305-446-9200

CR2E003 (7/93)