2000	UNIFORM BUSI	NESS REPOR	RT, (UBR)		
DOCUMENT # A30887				SECRETARY OF STATE DIVISION OF CORPORATIONS	
MISTY OAKS PARTNERS, LTD.			SECRETATION OF CORPORATIONS		
				00 JUH 21 PM 1: 29	
Principal Place of Business  555 S. POMPANO PARKWAY  POMPANO BEACH FL 33065  C/O VALDES-FAULI 2 S BISCAYNE BLVD. MIAMI FL 33131-1802		C/O VALDES-FAULI 2 S BISCAYNE BLVD., ONE	BISCAYNE TWR #3400		
2. Principal Place of Business 3. Mailing Address RJVF CORPORATE S.		RVICES, INC.		1161	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State City & State		/o Steel, Hector		4. FEI Number of access Applied F.	or
	2	00 So. Biscayne	<del></del>	Not Applie	
Zip	Country M	iami, FL 33131	Country U.S.A.	5. Certificate of Status Desired	
	6. Name and Address of Current F	egistered Agent		7. Name and Address of New Registered Agent	
2 SOUTH	AULI CORPORATE SERVICES, INC BISCAYNE BLVD.	هیمان در کار میا میبار میران در در ا	Street Address	ORATE-SERVICES, INC.  (P.O. Box Number is Not Acceptable)  Hector & Davis	
ONE BISCAYNE TOWER, STE. 3400 MIAMI FL 33131				Biscayne Boulevard, Suite 4000	
Miami				FL   Zip Code   33131	
8. The above named entity submiss the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  By:  Raul J. Valdes-Fauli, Pres.  O4/24/00  [NOTE. Registered Agent signature required when reinstating)  DATE					-
9. Capital Co as Shown	on record.  A'GENERAL PARTNER TO	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE.			
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. DOCUMENT#	P94000090940	INFORMATION	13. STREET ADDRESS	ADDRESS CHANGES ONLY	
NAME STREET ADORESS	MISTY/INWOOD CORP. 8223 NW 68 ST.		STREET ADURESS		
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP		
DOCUMENT# NAME			STREET ADDRESS	1000033172916 -07/10/0001021001 ****\$26.25 ****\$26.25	5
STREET ADORESS CITY - ST - ZIP	•		CITY-ST-ZIP	*****320.23 ****325.25	
DOCUMENT / NAME			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CTTY-ST-ZIP		
DOCUMENT#		,	STREET ADORESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT#			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		. , _	CITY-ST-ZIP		
DOCUMENT#			STREET ADDRESS		
STREET ADDRESS		,	CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Plorida Statutes

SIGNATURE:

SIGNATURE BEOURED
SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.10.2000 Date

954. 9684408

ate

Daytime Phone #