

**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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
 JUN 28 1999 11:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1. Name of Limited Partnership INTERNATIONAL COMMERCE LTD.		1a. DOCUMENT # A31691
Mailing Address MIAMI FREE ZONE 2315 N.W. 107TH AVE. BLDG. A. OFC. A-11 MIAMI FL 33172	Principal Office Address MIAMI FREE ZONE 2315 N.W. 107TH AVE. BLDG. A OFC. A-11 MIAMI FL 33172	
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 06/25/1991	5a. Capital Contributions as Shown on record \$2,970,000.00
3a. Date of Last Report 12/11/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FLI Number 65-0267971	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	<input type="checkbox"/>
8. Make Check payable to Dept. of State (See reverse side for information)	

9. Name and Address of Current Registered Agent INTERNATIONAL COMMERCE CORP. MIAMI FREE ZONE 2315 N.W. 107TH AVE., BLDG. A. OFC. A-11 MIAMI FL 33172	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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registrations Document Number
INTERNATIONAL COMM. CORP	2315 N.W. 107TH AVE.	MIAMI FL	591573
			800002764408--9 -02/04/99--01019--011 *****88.75 *****88.75 T.A.C. FEB 2 1999
			800002764408--9 -02/04/99--01019--012 *****437.50 *****437.50

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)(b), 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 620, Florida Statutes.

SIGNATURE *[Signature]* DATE 12/14/98
 Typed or Printed Name of General Partner Signing Form: J. G. [Signature] Daytime Telephone Number: 305-592-0500

CR25003 (6/98)