


~~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	
1. Name of Limited Partnership FLORIDA STRIKERS, LTD.		1a. DOCUMENT # A32165	
Mailing Address 16501 N.W. 16 COURT MIAMI FL 33169	Principal Office Address 16501 N.W. 16 COURT MIAMI FL 33169		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Formed or Registered 10/30/1991	5a. Capital Contributions as Shown on record. \$5,000.00
3a. Date of Last Report 01/12/1998	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 65-0294612	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to Dept. of State, State Revenue Dept. (for fee information) 30092298175 -11/24/98-01037-012 ***141.25	

9. Name and Address of Current Registered Agent SUAREZ, AMANCIO VICTOR 16501 NW 16 COURT MIAMI FL 33169	10. If changed, new Registered Agent Office ***141.25
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) MIAMI INTL. SOCCER, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2960 CORAL WAY	11b. City, State & Zip Code MIAMI FL	11c. Registration/Document Number S90813
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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 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)(k), 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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form

AMANCIO V. SUAREZ

Daytime Telephone Number

305-621-4227

CR2E003 (8/98)