FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUN -6 AM 9: 24

DOCUMENT  1. Name of Limited Partne	# aldar	A	32520
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Name of Limited Partnership				J		
Huramil LTD			DO NOT WRITE IN THIS SPACE.			
2. Mailing Addrass 2	3. Principal Office Address		4. Date Formed or Registered To Do Business in Florida 1/20/92			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number 65 030	8327 Applied For		
City & State Castes Florida	City & State		6.	Not Applicable S8 75 Additional Lee required		
219 33134 Country	Zip Countr	y	7. State or Country of Formation	for a Certificate of Status		
8a. Capital Contributions as Shown on Record: \$30,000  8b. Amount of Capital Contributions In FLORIDA to date: \$30,000	FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.60 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental effidavit must be submitted along with a separate and appropriate filing fee.					
9, Name and Address of Current Re	gistered Agent		10. If changed, new registered a	gent/office		
David C. Adler 2000 Douglas Kd 4 510 Coral Gables, Fl. 33134		Name  B10022064689  Street Address (P.O. Box Number is Not Acceptang/09/9701175004  Suite, Apt. #, etc. ****813.75 ****813.75  City FL Zip Code				
10a. Pursuant to the provisions of sections 620 1051 and 62 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS	stered agent, or both, in the State of Flo section 620, 192, Florida statute	rida. Such change was auf	thorized by its general partner(s). I hereby	accept the appointment of registered		
	BE REGISTERED AN			DOSINEOS ENTITT		
11, Names of General Partner(s)	Address of Each General P (Do NOT Use Post Office Box N		City, State and Zip Code	11a. Registration Document Number		
Hunitralil Development Corps	REII	VSTATE	QC6	- C		
te: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						

12. 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 Opporations 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 the annual report is true and accurate and true mit supplied to 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 to the period of Statutes.

SIGNATURE DAVID ADUR PRINTED OF HUNCHER DATE 5.20.57

Typed or Printed Name of General Partner Signing Form CO (P - C 6.78.21. 727.25 Telephone Number 305)4437