

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A32995

NORONHA ADVOGADOS, LTD.



9/12/97

Mailing Address

1221 BRICKELL AVENUE, SUITE 1470
MIAMI FL 33131

Principal Office Address

1221 BRICKELL AVENUE, SUITE 1470
MIAMI FL 33131

3. Date Formed or Registered

05/27/1992

5a. Capital Contributions as Shown on record

\$115,577.00

3a. Date of Last Report

10/28/1996

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.
Suite 1470

Suite, Apt. #, etc.
Suite 1470

6. FEI Number

65-0380821

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

~~THOMAS MILAN~~
~~1221 BRICKELL AVENUE, SUITE 1470~~
~~MIAMI FL 33131~~

10. If changed, new Registered Agent/Office

Name
Ana Lúcia Cantuária

Street Address (P.O. Box Number Is Not Acceptable)
1221 Brickell Avenue

Suite, Apt. #, etc.
Suite 1470

City
Miami

State Zip Code
FL 33131

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)

[Signature]

DATE

12/19/97

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)

NORONHA & ASSOC., P.A.

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

1221 BRICKELL AVE., #1

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/Document Number

V37622

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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 effect 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 **December 16, 1997**

Typed or Printed Name of General Partner Signing Form **DURVAL DE NORONHA GOYOS JR.** Daytime Telephone Number **(305) 372-0844**

CRE003 (6/97)