

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 15 PM 3:47



1. Name of Limited Partnership	1a. DOCUMENT # A33233
ALMANY INVESTORS, LTD.	

Mailing Address C/O LAZARO MILTON 2700 S.W. 23RD TERRACE MIAMI FL 33145	Principal Office Address C/O LAZARO MILTON 2700 S.W. 23RD TERRACE MIAMI FL 33145	3. Date Formed or Registered 07/24/1992	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/24/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State	City & State	6. FEI Number 65-0366918	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent WESSLER, ROBERT I 150 WEST FLAGLER, SUITE 2200 MIAMI FL 33130	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Numbers Not Acceptable) Suite, Apt. #, etc. City Zip Code
	300002296245-5 09/17/97-01122-005 ****156.25 ****156.25 FL

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) ALMANY GROUP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) %2700 S.W. 23RD TERRA	11b. City, State & Zip Code MIAMI FL	11c. Registration/ Document Number V53067
			KWM

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 *[Signature]* DATE 9-11-97
Typed or Printed Name of General Partner Signing Form LAZARO MILTON Daytime Telephone Number 444-8326

CR2E003 (6/97)