FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



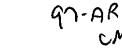
FLORIDA DEPARTMENT OF STATE Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A92000000291

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Mailing Address C/O ICN CORP. 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483	Principal Office Address C/O ICN CORP. 1801 SOUTH FEDERAL HIGHWAY, SUITE 300 DELRAY BEACH FL 33483		3. Date Formed or Registered 01/19/1993 3a. Date of Lest Report 11/06/1995	58. Capital Contributions as Shown on record. \$7,250,000.00 5b. Amount of Capital Contributions InFLORIDA to date: 7,250,000 -		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0384330	Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired			
Zip Country	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee Information)			
9. Name and Address of Curren			10. If changed, new Registere	d Agent/Office		
ICN CORPORATION 1801 SOUTH FEDERAL HIGHWAY		Name Street Address (P.O. Box Number is Not Acceptable)				
SUITE 300 DELRAY BEACH FL 33483	-	Suite, Apt. #, etc.				
DECIMI BENOTTE COTO	City		FL Zip Code			
SIGNATURE (Registered Agent Accepting Appointment) . A GENERAL PARTNER THAT MUS	T BE REGISTERED AND	ACTIVE W	RTNERSHIP OR OTHE	R BUS	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Pa (Do NOT Use Post Office Box N	umbers) 11b	City, State & Zip Code	11c.	Registration/ Document Number	
ICN CORP.	1801 SOUTH FEDERAL HI		900020 900020 -02/25/ ****54	296 97-01	72576 7890 084007 ****541.25	
Note: General partners MAY NOT 12. I do herely certify that the information supplied with to Corporations from any liability of non-compliance with annual report is true and accurate and that my signate empowered to execute this report as required by that SIGNATURE	n Section 119.07(3)(k) in the event that the Inform ure shall have the same legal effects as if made	alify for the exemption	on stated in Section 119.07(3)(k), Florida S emed exempt from public access. I further certify that I am a General Partner of the I	tatutes. I relea certify that the mited partner	se the Division of e information indicated on this ship, receiver or trustee	
7		THE STATE OF THE S	DATE Daylime Telephone Number	2/11		
Typed or Printed Name of General Partner Sighing Form		· · · · · · · · · · · · · · · · · · ·	Daytime Telephone Number	<u> </u>	12-366)	