

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 OCT 14 AM 10:57

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000105

THE FRANK PESCE INTERNATIONAL GROUP, LIMITED

Mailing Address

**3700 AIRPORT RD., #405
BOCA RATON FL 33431**

Principal Office Address

**3700 AIRPORT RD., #405
BOCA RATON FL 33431**

3. Date Formed or Registered

01/27/1993

5a. Capital Contributions as
Shown on record

\$50.00

3a. Date of Last Report

01/03/1996

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FLORIDA
to date

2. Mailing Address

902 Clint Moore Road

2a. Principal Office Address

Same

Suite, Apt. #, etc.

Suite 142

Suite, Apt. #, etc.

Same

City & State

Boca Raton Fla

City & State

Same

Zip

33487

Country

USA

Zip

Same

Country

Same

6. FLL Number

65-0419345

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

PESCE, FRANK

3700 AIRPORT RD., #405

BOCA RATON FL 33431

10. If changed, new Registered Agent/Office

Name

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

902 Clint Moore Road

Suite, Apt. #, etc.

Suite #142

City

Boca Raton

FL

Zip Code

33487

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)

THE CAPRICORN GROUP, LTD.

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

**3700 AIRPORT RD., #40
902 Clint Moore Rd.
Suite #142**

11b. City, State & Zip Code

BOCA RATON FL 33431

33487

11c. Registration/
Document Number

A9300000102

**600001982906--2
-10/22/96--01091--017
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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 X

**Frank Pesce, General Partner of The
Capricorn Group, Ltd.**

DATE

10/8/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

561-997-0400

CR2E003 (6/96)