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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



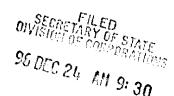
FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A93000000120





MINDELLO HOLDINGS, LTD.			T TO MENT THE REFORM SIZES DOSILE NOTICE BOTTLE	
Maing Address  C/O KRAMER & ZUCKERMAN. P.A.  4000 HOLLYWOOD BLVD SUITE 495 SOUTH  HOLLYWOOD FL 33021	Principal Office Address  C/O KRAMER & ZUCKERMAN. P.A.  4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD FL 33021		3. Date Formed or Registered 02/02/1993 3a. Date of Last Report 12/01/1995	5a. Capital Contributions as Shown on record. \$9,900.00  5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	10 date:
Suite, Apt. #. etc	Suite, Apt. #, etc.		6. FEI Number 65-0385010	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable  \$8.75 Additional
Zip Country	Zip Country			\$8.75 Additional Fee Required of State (See reverse side for fee information
9. Name and Address of Curre	nt Registered Agent		10. If changed, new Registe	ered Agent/Office
C/O KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH HOLLYWOOD FL 33021  10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the abortor the purpose of changing its registered office or registered agent, or both, in the State agent 1 am familiar with, and accept the obligations of section 620 192, Florida Statute  SIGNATURE (Registered Agent Accepting Appointment)		Suite, Apt + City  med limited partn Florida Such chai	ership organized or registered under the laws on nge was authorized by its general partner(s). H	ereby accept the appointment of registered
A GENERAL PARTNER THA	I IS A CORPORATION.	LIMITED		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11b. City. State & Zip Code	11c. Registration/ Document Number
SIEGEL, GEOFFREY M	4408 WEST OAKLAND	) PAR		20455988 33/3701147018
			*** ****	03/9701147018 *208.05 ****208.05

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

GEOFFREY M. SIEGEL

empowered to execute this typed as required by chapter 620. Florida Statutes.

Typed or Printed Name of General Partner Signing Form.