

**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 OCT 30 PM 1:16



1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000000145**

**WLA/S&S PROPERTIES, LIMITED**

Mailing Address

8951 N.E. 8 AVENUE, #117  
MIAMI FL 33138

Principal Office Address

8951 N.E. 8 AVENUE, #117  
MIAMI FL 33138

3. Date Formed or Registered

02/12/1993

3a. Date of Last Report

11/07/1996

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record

\$8,000.00

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

\$8,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

NOT APPLICABLE

☐ 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

AUGUST, GUS  
8951 N.E. 8 AVENUE, #117  
MIAMI FL 33138

10. If changed, new Registered Agent/Office

Name

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

900002337859--0

Suite, Apt. #, etc.

-11/04/97--01070--007

City

\*\*\*159.75 \*\*\*159.75

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)

W.L.A., INC.

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

8951 NE 8 AVENUE #117

11b. City, State & Zip Code

MIAMI FL 33138

11c. Registration/Document Number

S96112

**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

DATE

Typed or Printed Name of General Partner Signing Form

GUS AUGUST AS PRES OF CORP

Daytime Telephone Number

305 556 7204

CR2E003 (6/97)