

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 -3 AM 11:06



1. Name of Limited Partnership	1a. DOCUMENT # A93000000662
DELTA SQUARE S.C., LTD.	

Mailing Address 18301 BISCAYNE BLVD., 2ND FLOOR NORTH MIAMI BEACH FL 33160	Principal Office Address 18301 BISCAYNE BLVD., 2ND FLOOR NORTH MIAMI BEACH FL 33160	3. Date Formed or Registered 06/18/1993	5a. Capital Contributions as Shown on record. \$ 25,000.00
		3a. Date of Last Report 11/13/1996	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date. 2,500.00
		6. FEI Number 65-0435405	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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 WEISSER, MICHAEL H 18301 BISCAYNE BOULEVARD NORTH MIAMI BEACH FL 33160	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) MHW PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 18301 BISCAYNE BLVD.,	11b. City, State & Zip Code NO. MIAMI BEACH FL 33	11c. Registration/Document Number H56032
800002316628--5 -10/09/97--01112--001 ****156.25 ****156.25			
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 the 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 effect 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

Michael H. Weisser, Pres

Daytime Telephone Number

305.935-5010

CR2E003 (6/97)