


LIMITED PARTNERSHIP
ANNUAL REPORT
1997



F. B. I.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 17 1951:35

1. Name of Limited Partnership		1a. DOCUMENT # A93000000690			
VEENA HOLDINGS, LTD.					
Mailing Address C/O KRAMER & ZUCKERMAN. P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021		Principal Office Address C/O KRAMER & ZUCKERMAN. P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021		3. Date Formed or Registered 07/01/1993	5a. Capital Contributions as Shown on record \$300,000.00
				3a. Date of Last Report 03/04/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date =\$0=
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEIN Number 65-0420648	
City & State		City & State		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

<p>9. Name and Address of Current Registered Agent</p> <p>KRAMER, ROBERT M C/O KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021</p>	<p>10. If changed, new Reg. stored Agent/Office</p> <p>Name _____</p> <p>Street Address (P.O. Box Number Is Not Acceptable) _____</p> <p>Suite, Apt. #, etc. _____</p> <p>City _____ Zip Code FL _____</p>
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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)	11a.	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
	KARIA, KISHOR		10011 PINES BLVD., ST		PEMBROKE PINES FL 330		

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 690, Florida Statutes.

SIGNATURE X Scam

Typed or Printed Name of General Partner Signing Form **Kishor Karia**

DATE _____

Daytime Telephone Number

12/10/50.

CR2E003 (6/96)

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