

**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

96 SEP 30 PM 1:42



BR 10/3/96

1. Name of Limited Partnership
1a. DOCUMENT #
A93000000824

DELTA TRADING & MARKETING LTD

Mailing Address: **2180 NW 89TH PLACE MIAMI FL**
Principal Office Address: **2180 NW 89TH PLACE MIAMI FL**

3. Date Formed or Registered: **08/05/1993**
5a. Capital Contributions as Shown on record: **\$100.00**

3a. Date of Last Report: **09/29/1995**
4. State or Country of Formation: **FL**
5b. Amount of Capital Contributions in FL (FLORIDA) to date:

2. Mailing Address
2a. Principal Office Address

6. FLI Number: **65-0431139**
 Applied For
 Not Applicable

Suite, Apt. #, etc.
City & State

7. Certificate of Status Desired **\$8.75 Additional Fee Required**
8. Make check payable to Dept. of State (See reverse side for fee information)

Zip Country
Zip Country

9. Name and Address of Current Registered Agent
RICHARDS, TIMOTHY D
2665 SOUTH BAYSHORE DRIVE, SUITE 900
MIAMI FL 33133

10. If changed, new Registered Agent/Office
Name: _____
Street Address (P.O. Box Number Is Not Acceptable): _____
Suite, Apt. #, etc.: _____
City: _____
Zip Code: **FL**

10a. Pursuant to the provisions of sections 620.105-1 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 |
|--|--|------------------------------------|---|
| DELTA TRADING & MARKETING CO | 2180 NW 89TH PLACE | MIAMI FL | S59982 |

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 *Timothy D. Richards Pres., G.P.* DATE **9/18/96**
Typed or Printed Name of General Partner Signing Form: **Timothy D. Richards**
Daytime Telephone Number: **305 258-9900**

CR2E003 (6/96)