

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
 REVOCATION AND \$500 PENALTY FEE

FILED

98 APR -7 AM 11:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---



1. Name of Limited Partnership DELTA TRADING & MARKETING LTD	1a. DOCUMENT # A93000000824
--	--

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 09/30/1996	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address % Richards 2665 S. Bayshore Dr. Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	6. FEI Number 65-0431139	
Suite 703	Suite 703	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State Miami, FL	City & State	7. Certificate of Status Desired	
Zip 33133 Country USA	Zip 33172 Country USA	<input checked="" 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 RICHARDS, TIMOTHY D 2665 SOUTH BAYSHORE DRIVE, SUITE 900 MIAMI FL 33133	10. If changed, new Registered Agent/Office <table border="1"> <tr> <td>Name</td> <td>Timothy D. Richards, Esq.</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td>2665 S. Bayshore Dr.</td> </tr> <tr> <td>Suite, Apt. #, etc.</td> <td>Suite 703</td> </tr> <tr> <td>City</td> <td>Miami</td> </tr> <tr> <td>State</td> <td>FL</td> </tr> <tr> <td>Zip Code</td> <td>33133</td> </tr> </table>	Name	Timothy D. Richards, Esq.	Street Address (P.O. Box Number is Not Acceptable)	2665 S. Bayshore Dr.	Suite, Apt. #, etc.	Suite 703	City	Miami	State	FL	Zip Code	33133
Name	Timothy D. Richards, Esq.												
Street Address (P.O. Box Number is Not Acceptable)	2665 S. Bayshore Dr.												
Suite, Apt. #, etc.	Suite 703												
City	Miami												
State	FL												
Zip Code	33133												

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
DELTA TRADING & MARKETING CO	2180 NW 89TH PLACE	MIAMI FL 33172	S59982
700002486817--9 -04/13/98--01101--004 ****150.00 ****150.00 APR - 8 1998			

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 DATE 4-1-98
 Typed or Printed Name of General Partner Signing Form Secretary of GP Daytime Telephone Number (305) 8589900

CR2E003 (12/97)