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

LIMITED PARTNERSHIP ANNUAL REPORT 1998

MARINE WAREHOUSING, LTD.

empowered to execute this report as required by chapter 620, Florida Statutes.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9300000980**

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAR 25 PM 2: 36



Malling Address	Principal Office Address		3. Date	Formed or Registered	5a. Çap	tal Contributions as	
9900 N.W. 25 STREET	9900 N.W. 25 STREET MIAMI FL 33172		09	09/27/1993		5a. Capital Contributions as Shown on record.	
MIAMI FL 33172				38. Date of Last Report		\$50,000.00	
			04	/29/1997	5b. Amo	unt of Capital vibutions in FLORIDA	
3 Mallion Address	190 51 1 100		4. State	or Country of Formation	Coni	ributions in FLORIDA ate:	
2. Mailing Address	lailing Address 2a. Principal Office Addres		FL				
uite, Apt. #, etc. Suite, Apt. #, etc.				6. FEI Number		Applied For	
City & State	City & State		65	0489450		Not Applicable	
ip Country	Zip	Country	7. Certif	licate of Status Desired	<u> </u>	\$8.75 Additional Fee Required	
.p Godiny	2.0		8. Make	check payable to: Dept. of	State (See re		
9. Name and Address of Cur	rent Registered Agent		10.	If changed, new Registere	d Agent/Office		
MARINE CARGO MANAGEMENT, INC. 9900 N.W. 25 STREET MIAMI FL 33172		Name					
		Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc.					
	City				Zip Code		
Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	e or registered agent, or both, in the State :	City named limited partnool Florida. Such char	ership organized or reg	pistered under the laws of the ita general partner(s). I here	FL ne State of Floe bby accept the	Zip Code rida, submits this statem appointment of registe	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the college is agent Accepting Appointment AGENERAL PARTNER THAT	e or registered agent, or both, in the State titions of section 620.192, Florida Statutes.	named limited partnoof Florida. Such char	PARTNERS	ita general partner(s). I here DATE	e State of Flooby accept the	rida, submits this statem e appointment of registe	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	e or registered agent, or both, in the State itions of section 620.192, Florida Statutes. AT IS A CORPORATION ST BE REGISTERED	named limited partnot Florida. Such char	PARTNERS	DATE SHIP OR OTHE	e State of Floo oby accept the	rida, submits this statem e appointment of registe	
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for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	e or registered agent, or bolh, in the State itions of section 620.192, Florida Statutes. AT IS A CORPORATION ST BE REGISTERED Address of Each G Lo NOT Use Post Office.	named limited partnot Florida. Such char N, LIMITED AND ACTIVENERAL Partner ce Box Numbers)	PARTNERS /E WITH THI	DATE SHIP OR OTHE IS OFFICE. State & Zip Code	R BUSI	rida, submits this statement of register appointment o	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	e or registered agent, or bolh, in the State itions of section 620.192, Florida Statutes. AT IS A CORPORATION ST BE REGISTERED Address of Each G Lo NOT Use Post Office.	named limited partnot Florida. Such char N, LIMITED AND ACTIVENERAL Partner ce Box Numbers)	PARTNERS /E WITH THI	DATE CHIP OR OTHE IS OFFICE. State & Zip Code 3172	R BUSI	nida, submits this statement of register appointment o	
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	e or registered agent, or bolh, in the State itions of section 620.192, Florida Statutes. AT IS A CORPORATION ST BE REGISTERED Address of Each G Lo NOT Use Post Office.	named limited partnot Florida. Such char N, LIMITED AND ACTIVENERAL Partner ce Box Numbers)	PARTNERS /E WITH THI	DATE CHIP OR OTHE IS OFFICE. State & Zip Code 3172	R BUSI	nida, submits this statement of register appointment o	
agent. I am familiar with, and accept the obligations of the obligation of General Partners. A GENERAL PARTNER THAMU Name(s) of General Partner(s)	e or registered agent, or bolh, in the State itions of section 620.192, Florida Statutes. AT IS A CORPORATION ST BE REGISTERED Address of Each G Lo NOT Use Post Office.	named limited partnot Florida. Such char N, LIMITED AND ACTIVENERAL Partner ce Box Numbers)	PARTNERS /E WITH THI	DATE CHIP OR OTHE IS OFFICE. State & Zip Code 3172	R BUSI	rida, submits this statement of register appointment o	

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