

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID 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

97 APR 17 PM 3:34

173.75

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001020

STRANDKORB DEVELOPMENT GROUP, LTD.

Mailing Address

~~1234 WASHINGTON AVE., SUITE 300~~
~~MIAMI BEACH FL 33139~~

Principal Office Address

~~1234 WASHINGTON AVE., SUITE 300~~
~~MIAMI BEACH FL 33139~~

3. Date Formed or Registered

09/27/1993

5a. Capital Contributions as
Shown on record.

\$99.00

3a. Date of Last Report

10/14/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$ 99.00

4. State or Country of Formation

FL

6. FEI Number

65-0486501

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

3616 NE 2ND AVE

2a. Principal Office Address

3616 NE 2ND AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33137

Country

DADE

Zip

33137

Country

DADE

9. Name and Address of Current Registered Agent

STATZ, KAY

435 E. RIVO ALTO DRIVE

MIAMI BEACH FL 33139

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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)

STRANDKORB INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~1234 WASHINGTON AVE.,~~
3616 NE 2ND AVE

11b. City, State & Zip Code

~~MIAMI BEACH FL 33139~~
MIAMI, FL 33137

11c. Registration/
Document Number

883219

AK - 52.50

SUPA - 103.75

(2) CUS - 17.50

\$ 173.75

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-04/21/97--01157--002

****347.50 ****173.75

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

DATE

Typed or Printed Name of General Partner Signing Form

Kay M. Statz

Daytime Telephone Number (305) 572-8200