

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 20 AM 9:33

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000175

SEOANE FAMILY LIMITED PARTNERSHIP



Mailing Address

C/O 2600 DOUGLAS RD.
STE. 501
CORAL GABLES FL 33134

Principal Office Address

C/O 2600 DOUGLAS RD.
STE. 501
CORAL GABLES FL 33134

3. Date Formed or Registered

02/10/1994

5a. Capital Contributions as
Shown on record.

\$100.00

3a. Date of Last Report

10/16/1996

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

4. State or Country of Formation

FL

6. FEI Number

65-0623925

☐ 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

3550 NW S. River Dr

Suite, Apt. #, etc.

City & State

Miami, FLA

Zip

33142

Country

USA

2a. Principal Office Address

3550 NW S. River Dr

Suite, Apt. #, etc.

City & State

Miami, FLA

Zip

33142

Country

USA

9. Name and Address of Current Registered Agent

SEOANE, JORGE
3550 NW S. RIVER DR.
MIAMI FL 33142

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

400002327084-2

-10/22/97--01089--003

***156. FL ***156.25

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)

SEOANE FAMILY CORPORATION

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

~~C/O 2600 DOUGLAS RD.~~

11b. City, State & Zip Code

~~CORAL GABLES FL 33134~~

11c. Registration/
Document Number

P94000010220

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

Daytime Telephone Number

10/15/97
(305) 634-2756

CP2E003 (6/97)