FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # A9400000175

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT 26 AM 9: 42

	710-100000	7104000000170		
SEOANE FAMILY LIMITED PARTNERSHIP			₩ ₩₩ ₩ ∞10/28	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
3550 NW S. RIVER DRIVE MIAMI FL 33142	3550 NW S. RIVER DRIVE MIAMI FL 33142		02/10/1994 3a. Date of Last Report 10/20/1997	\$100.00 5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable
City & State	City & State	City & State		\$8.75 Additional
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	Fee Required tate (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
s 9. Name and Address of Current Registered Agent		Name		
SEOANE, JORGE \$550 NW S. RIVER DR.		Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33142		Suite, Apt. #, etc.		
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or nagent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of Flori	d limited partnership da. Such change was	s authorized by its general partner(s). I hereby	State of Florida, submits this statement accept the appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)	10.1.00==0=1=1011		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 (Do NOT Use Post Office Bo	ni Partner ox Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number
SEOANE FAMILY CORPRATION 3550 NW S. RIV			MIAMI FL 33142 P94000010220	
			300026 -10/28/3 ****14	P94000010220 P94000010220 S S S S S S S S S S S S S S S S S
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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 1/9.07(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 accupate and that my signature shall have the same legal effects as if made under eath. 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.