


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -1 PM 2:16

1. Name of Limited Partnership B & B INVESTMENTS MANAGEMENT, LTD.	1a. DOCUMENT # A94000000214
---	---------------------------------------



Mailing Address 1800 PONGE DE LEON BOULEVARD CORAL GABLES FL 33134	Principal Office Address 1200 PONGE DE LEON BOULEVARD CORAL GABLES FL 33134	3. Date Formed or Registered 02/21/1994	5a. Capital Contributions as Shown on record \$27,000.00
2. Mailing Address 590 WEST 20 STREET Suite, Apt. #, etc.	2a. Principal Office Address 590 WEST 20 STREET Suite, Apt. #, etc.	3a. Date of Last Report 09/25/1995	5b. Amount of Capital Contributions in FLORIDA to date:
City & State HIALEAH, FLORIDA	City & State HIALEAH, FLORIDA	4. State or Country of Formation FL	6. FEI Number 65-0507104
Zip 33010-2400 DADE	Zip 33010-2400 DADE	7. Certificate of Status Desired <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 BRACERAS, WILFRED 1200 PONGE DE LEON BOULEVARD CORAL GABLES FL 33134
--

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 590 WEST 20 STREET Suite, Apt. #, etc. City HIALEAH	FL Zip Code 33010-2400
---	-------------------------------------

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) GEJK, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1200 PONGE DE LEON BL 590 WEST 20 STREET	11b. City, State & Zip Code CORAL GABLES FL 33134 HIALEAH, FL 33010-2400	11c. Registration/ Document Number P94000009031
000002002210--9 -11/13/86--01035--011 ****336.50 ****336.50			

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 10/25/96
Typed or Printed Name of General Partner Signing Form J. J. D. ...	Daytime Telephone Number 305-863-1942

CR2E003 (6/96)