
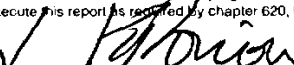


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 15 PM 4:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership DORFAM LIMITED		1a. DOCUMENT # A94000001038			
Mailing Address c/o Anne J. O'Brien, Esq. 555 Twelfth Street, N.W. Washington, DC 20004		Principal Office Address c/o C.T. Corporation System 1200 South Pine Street Plantation, FL 33324		3. Date Formed or Registered JULY 29, 1994	
2. Mailing Address c/o Anne J. O'Brien, Esq. Suite, Apt. #, etc. 555 Twelfth Street, N.W. City & State Washington, DC Zip 20004 Country USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/31/98 4. State or Country of Formation FL	
5a. Capital Contributions as \$300,000.00 5b. Amount of Capital Contributions in FLORIDA to date		6. FEI Number 65-0607077 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 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 C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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) DORION, KRISTEL A.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) AVENIDA REFORMA 6-64 ZONA 9 CORPORATIVA REFORMA, TORRE, NIVEL 2		11b. City, State & Zip Code GUATEMALA, GUATEMALA SC 3-19-99	
11c. Registration/ Document Number		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  KRISTEL A. DORION		DATE Feb 24, 1999			
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number			

CR2E003 (8/98)