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

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State



1998	DIVISION OF CORPORA	TIONS 98 FFR	16 AMII: 19
1. Name of Limited Partnership	I A9400001048		
REXEL, LTD.		E LOUTHAIL JOHN BUILL BONH	BOOM BOND BOND BOND STON BOND BOND IN
		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
PA TO THERREL BAISDEN & MEYER WEISS	Principal Office Address C/O THERREL BAISDEN 8-MEYER WERSS	08/01/1994	\$544,500.00
11 LINCOLN BOAD MALL SUITE 500 AMI BEACH FL 33139	1111 LINCOLN ROAD MALL. SUITE 500 MIAMI BEACH FL 33139	3a. Date of Last Report 02/03/1997	5b. Amount of Capital Contributions in FLORIDA
Clo Merrel Barden PA	28. Principal Office Address	PA FL	to date:
uite, Apt. #, etc. ONE SE THIED Five 2	You ONE S.E. 3 A Are City & State,	65-0507826	Applied For Not Applicable
MIAMI, PL	MIAMI FL		\$8.75 Additional Fee Required
^{ip} 33131 Country	33131	8. Make check payable to: Dept. o	of State (See reverse side for fee informat
9. Name and Address of Currer	nt Registered Agent Name	10. If changed, new Register	red Agent/Office
GLUECKMANN, FERDINAND			MOE400
1674 MERIDIAN AVE., SUITE 208 MIAMI BEACH FL 33139	Street Address (P.O. Box Number Is Not Acceptable) 2435408 Suite, Apt. #, etc02/19/98 01055 026		3/38010PP05P
	City		FL Zip Code
agent. I am familiar with, and accept the obligatio	r registered agent, or both, in the State of Fiorida. Such	n change was authorized by its general partner(s). I he	ereby accept the appointment of register
GNATURE (Registered Agent Accepting Appointment) _ A GENERAL PARTNER THAT MUS	IS A CORPORATION, LIMIT OF BE REGISTERED AND AC	ED PARTNERSHIP OR OTH TIVE WITH THIS OFFICE.	
1. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number	rs) 11b. City, State & Zip Code	11c. Registration/ Document Number
DREXEL ASSOCIATES, INC.	C/O 1111 LINCOLN ROAD	MIAMI BEACH FL 33139	P9400056642
Note: General partners MAY NO	T be changed on this form; an a	amendment must be filed to ch	nange a general partner
12. I do hereby certify that the information supplied with	this filing is voluntarily furnished and does not qualify f	or the exemption stated in Section 119.07(3)(k), Floric	a Statutes. I refease 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee tempowered to execute this report as required by citagram as required by citagram from the limited partnership.

Daytime Telephone Number