HILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP

WILL BE SUBJECT TO REVOC	CATION AND \$500 PENALT	Y FEE		f			
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 98 DEC 24 PM 2: 02			
1. Name of Limited Partnership	1a. DOCUMENT # A94000001048			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DREXEL, LTD.							
Mailing Address Principal Office Address				3. Date Formed or Registered 5a. Capital Contributions as Shown on record.			
/O THERREL BAISDEN P.A. C/O THERREL BAISDEN P.A. INE SE THIRD AVE #2400 IIAMI FL 33131 C/O THERREL BAISDEN P.A. ONE SE THIRD AVE #2400 IIAMI FL 33131				08/01/1994 \$544,500.00 3a. Date of Last Report 02/16/1998 5b. Amount of Capital Contributions in FLORIDA		44,500.00	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0507826		Applied For	
City & State	City & State			7. Certificate of Status Desired		Not Applicable \$8.75 Additional	
Zip Country	Zíp Country			Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent 10.				10. If changed, new Registered	Agent/Office		
GLUECKMANN, FERDINAND							
1674 MERIDIAN AVE., SUITE 208		Street Address (P.O. Box Number Is Not Acceptable)					
MIAMI BEACH FL 33139	Suite, A		#, etc.				
	City			FL Zip Code			
10a. Pursuant to the provisions of sections 620.105; 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 of 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 finih, and accept the obligations of section 620.192, Florida Statutes.							
SIGNATURE (Registered Agent Accepting Appointment)			DATE 12/21/98				
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 Pertne (s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
DREXEL ASSOCIATES, INC.	C/O 1111 LINCOLN ROAD		MIAMI BEACH FL 33139		P94000056642		
				50000275104604 -01/22/9901047-019 ****576.25 *****576.25			
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 fifing 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 Seltion 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 signal use 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 chapte 620. Florida Statutes.							
SIGNATURE $\sqrt{\frac{1}{2}}$ DATE $\sqrt{\frac{12}{2}}$							
Typed or Printed Name of General Partner Signing Form to BLUECK NANN Daytime Telephone, Number 305-532-9551_							