

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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 13 PM 2:19



1. Name of Limited Partnership	1a. DOCUMENT # A94000001195
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MISSION HILLS PROPERTIES, LTD.

Mailing Address C/O MANUEL ELKIND 3100 S. OCEAN BLVD., APARTMENT #404-N PALM BEACH FL 33480		Principal Office Address C/O MANUEL ELKIND 3100 S. OCEAN BLVD., APARTMENT #404-N PALM BEACH FL 33480		3. Date Formed or Registered 09/01/1994	5a. Capital Contributions as Shown on record. \$495,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 04/09/1996	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0515829	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input 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 ELKIND, MANUEL 3100 S. OCEAN BLVD. APT. #404-N PALM BEACH FL 33480	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) PALM LINKS CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 2580 SOUTH OCEAN	11b. City, State & Zip Code PALM BEACH FL 33480	11c. Registration/Document Number P94000057708
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KWM

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 _____

Typed or Printed Name of General Partner Signing Form

MANUEL ELKIND

Daytime Telephone Number

813-251-0895

CR2E003 (6/96)