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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

LA QUINTA AVENIDA, LTD.



Typed or Printed Name of General Partner Signing Form JOJE FERNANDEZ,

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A94000001406

FILED

96 DEC 11 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

				ALIDI
Mailing Address %JOSE FERNANDEZ P.O. BOX 19-1511	Principal Office Address %JOSE FERNANDEZ P.O. BOX 19-1511 MIAMI BEACH FL 33119		3. Date Formed or Registered 10/18/1994	5a. Capital Contributions as Shown on record.
MIAMI BEACH FL 33119			3a. Date of Last Report 12/04/1995	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date: 40,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable
Cily & State		City & State		\$8.75 Additional
Zip Country	Zıp	Country	8. Make check payable to: Dept	Fee Required of State (See reverse side for fee information)
9. Name and Address of	of Current Registered Agent		10. If changed, new Registe	ered Agent/Office
FERNANDEZ, JOSE 471 S.W. 8TH STREET		Name Street Address (P.O. Box Number is Not Acceptable)		
MiAMI FL 33130		Suite, Apt. #, etc.		
		City		FL Zip Code
for the purpose of changing its registered	0.1051 and 620.192, Florida Statutes, the above-named office or registered agent, or both, in the State of Fix obligations of section 620.192, Florida Statutes.	ed imited partn orida. Such cha	nge was authorized by its general partner(s). I h	nereby accept the appointment of registered
A GENERAL PARTNER 1	THAT IS A CORPORATION, I MUST BE REGISTERED AN	LIMITED	PARTNERSHIP OR OTH	ER BUSINESS ENTITY
11. Name(s) of General Pariner(s)	11a. (Do NOT Use Post Office E		11b. City, State & Zip Code	11c. Registration/
ZERMATT, INC.	471 S.W. 8TH STREET	471 S.W. 8TH STREET		L25596
			400002 -12/1; *****	20278947 2/9501100002 418 75 ****418.75
12. I do hereby certify that the information supp Corporations from any liability of non-compl	Y NOT be changed on this formalied with this filing is voluntarily turnished and does not be used to the with Section 119.07(3)(k) in the event that the little my signature shall have the same legal effects as	ot qualify for the	e exemption stated in Section 119.07(3)(k), Flori	da Statutes. I release the Division of
d apowered to execute this report as require	ed by chapter 620, Florida Statutes.		,	17 - 5-94

PREJIDENT

0004958

Daytime Telephone Number (305) 859-8225