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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A94000001667



98 FEB - 6 AM 11: 25



CORNERSTONE OLYMPIA, LTD.							
Malling Address	Principal Office Address			3. Date Formed or Registered 58. Capital Contributions as Shown on record.		Contributions as on record.	
* CORNERSTONE AFFORDABLE HOUSING. INC.				12/08/1994 3a. Date of Last Report		2,000.00	
CORAL GABLES, FL 93134	CORAL GABLES, FL 33134			01/16/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Malling Address 2121 PONCE DE LEON EN.	2a. Principal Office Address	ce de les		4. State or Country of Formation	to date	ĸ	
Suite, Apt. # etc.	Suite, Apt. #, etc.			6. FEI Number 65-0604196	Applied For		
Coral Galls Fl.	Coral grilles	Country		7. Certificate of Status Desired	Not Applicable \$8.75 Additional Fee Required		
33134 USA	33134			8. Make check payable to: Dept. of State (See reverse side for fee information			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
WOLFE, LEON J 38TH FL., INTERNATIONAL PLACE		Name					
		Street Address (P.O. Box Number is Not Acceptable)					
100 SOUTHEAST SECOND ST.		Suite, Apt. #, etc.					
MIAMI FL 33131-2130		City Zip Code					
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	IS A CORPORATION, BE REGISTERED A					IESS ENTITY	
1. Name(s) of General Partner(s)	11a. Address of Each Gene	I D	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
CORNERSTONE AFFORDABLE HOUSI	2121 PONCE DE LEON BL		CORAL GABLES FL 83134		P93	P93000081647	
DEEDCO OLYMPIA, INC. 141 N.E. 3 AVE., SUIT			MIAMI FL 33132		P94000087137		
				100002 -02/17 ****1	4325 79801 65.00	5317 040013 ****165.80	
			KW			VIA/ws	
Note: General partners MAY NOT	be changed on this for	m; an am	endmen	t must be filed to cha	ange a ge	neral partner.	
12. I do hereby certify that the information supplie is with the Corporations from any liability of non-compliance with this annual report is true and accurate and what my significant the empowered to execute this report as required by graph.	ouction 119 07(3)(k) is the event that the muture shall have the same legal effects a	information supp as if made under	olied is deeme oath. I further	d exempt from public access. I furth certify that I am a General Partner of	er certify that th the limited part	e information indicated on nership, receiver or trustee	
SIGNATURE / / / / / /	Shunt I.	W		DATE	12-2	3-82-87	
yped or Printed Name of General Partner Signing Form 🔔 🥿	Stuget 1	, raye	<i>7</i> 3	Daytime Telephone Number	W/Y7.	2008	