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 # **Δ94000001815**

FILLU SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 17 AM 10: 56



NAIM FAMILY LIMITED PARTNERSHIP					
Mailing Address	Principal Office Address		3. Date Formod or Registered	5a. Capitar Continuo Vianas 17-9	
7340 S.W. 56TH STREET MIAMI FL 33156	7340 S.W. 56TH STREET MIAMI FL 33156		12/27/1994 3a. Date of Last Report 12/04/1996	5a. Capitar Capital (12): 17-9 Show Land Capital 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, f.ct. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0547319	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desirod	\$8.75 Additional Foo Required	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Curr	ent Registered Agent	Name	10. If changed, now Register	ed Agent/Office	
		Street Address (P.O. Box Number Is Not Acceptable) BUUL 3B6B5B-1 Suite, Apt. #, etc -01/05/9801006015 City ****541.25 ****541.25 Phaemed limited parlinership organized or registered under the laws of the State of Florida, submits this statement of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.			
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LIMITED PAR	TNERSHIP OR OTHE	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NO) Use Post Office B	al Partner		11c. Registration/ Document Number	
BENAIM, INCORPORATED	7340 S.W. 56TH STREET	М	AMI FL 33156	P94000051284	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Frelease 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, if 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Livian Denaum

Typed or Printed Name of General Partner Signing Form LIVI AN LENDIM PRES. LENA (My Disprishe Telephone Number 309+ 666-3375