

A 9500000008

OTERO & MULLIN, P.A.

ATTORNEYS AT LAW
FOURTH FLOOR

75 VALENCIA AVENUE

CORAL GABLES, FLORIDA 33134

TELEPHONE (305) 867-0000

FACSIMILE (305) 443-0164

ADDITIONAL OFFICE
SUITE 318 KEY BISCAYNE GOLFING
388 C. RANDON BOULEVARD
KEY BISCAYNE, FLORIDA 33149
TELEPHONE (305) 368-0800

PLEASE REPLY TO:
CORAL GABLES OFFICE

TERRANCE J. MULLIN

December 22, 1994

VIA FEDEX

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Certificate of Limited Partnership,
Alfredo Diez Family Partnership

Dear Sir or Madam:

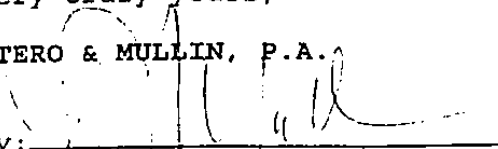
I am enclosing a Certificate of Limited Partnership for the above-named entity together with an affidavit regarding total contributions by limited partners of property worth \$1,000,000 and an Acceptance by Otero & Mullin, P.A. of Appointment as Registered Agent.

Pursuant to §620.182, I am enclosing a check payable to the Secretary of State in the amount of \$1,802.50, which includes \$1,750.00 for the filing fee and \$52.50 for a certified copy of the certificate. I am enclosing an additional check for \$35.00 for the designation of our law firm as registered agent for the limited partnership. If that fee is not also due, please return the \$35.00 check.

I request that you call me to confirm the filing date for the certificate so that I can take other actions on behalf of the Partnership and that you send the certified copy via FedEx, charging our account No. 1432-8383-6.

Very truly yours,

OTERO & MULLIN, P.A.

By: 
Terrance J. Mullin

TJM:xam
Encls.
C:\att\jm\to\secretary sta

A 9500000008

1,802.50
35.00

CERTIFICATE OF LIMITED PARTNERSHIP
ALFREDO DIEZ FAMILY PARTNERSHIP, Ltd.,
a Florida limited partnership

The undersigned sole General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is ALFREDO DIEZ FAMILY PARTNERSHIP, LTD.

2. The address of the office of the Partnership is 640 Solano Prado, Coral Gables, Florida 33156.

3. The name and address of the agent for service of process on the Partnership is Otero & Mullin, P.A., 75 Valencia Avenue, Coral Gables, Florida 33134.

4. The name and business address of the general partner is Alfredo Diez, 640 Solano Prado, Coral Gables, Florida 33156.

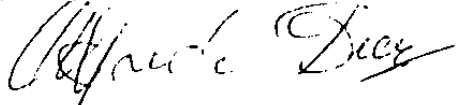
5. The mailing address of the Partnership is 640 Solano Prado, Coral Gables, Florida 33156.

5. The last date upon which the Partnership shall dissolve is December 31, 2024.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the ALFREDO DIEZ FAMILY PARTNERSHIP, LTD., this 22 day of December, 1994.

GENERAL PARTNER:



Alfredo Diez

AFFIDAVIT

COUNTY OF DADE)
) SS
STATE OF FLORIDA)

BEFORE ME, personally appeared ALFREDO DIEZ ("Affiant"), who, after being duly sworn, stated the following:

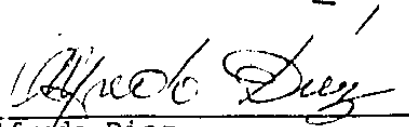
1. Affiant shall be the sole general partner and one of the limited partners of the ALFREDO DIEZ FAMILY PARTNERSHIP, LTD., a Florida limited partnership to be formed.

2. The amount contributed by the limited partners to date is \$100.00. The amount anticipated to be contributed by the limited partners is an undivided 99% interest in Dade County real estate with a fair market value of \$400,000 and an undivided 99% interest in a 1/3 interest in a Florida joint venture which owns other Dade County real estate, which 1/3 interest has a fair market value of \$600,000.

3. This affidavit is made for the purpose of complying with the flush language of section 620.108(1) of the Florida Statutes.

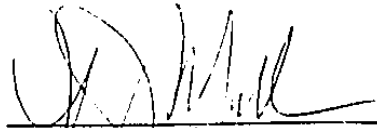
FURTHER AFFIANT SAYETH NAUGHT.

Witness my hand and seal this 22nd day of December, 1994.



Alfredo Diez

The foregoing instrument was acknowledged before me this 22 day of December, 1994, by ALFREDO DIEZ, who is personally known to me and who did not take an oath.



Notary Public, State of Florida
Print name: T.J. MULLIN
Commission No. 144100

f:\txt\tjmc corp\affidavit.alf

By Commission Expires 9/17/98
NOTARY PUBLIC, STATE OF FLORIDA
T. J. MULLIN
144100

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as statutory registered agent for the ALFREDO DIEZ FAMILY PARTNERSHIP, LTD., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I heroby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:
OTERO & MULLIN, P.A.

DATED: 12/22/94

By: Terrance J. Mullin v.p.
Name: Terrance J. Mullin, Vice
President

FILED
1994 DEC 23 11 58 01
FIDELITY & SECURITY

1ST NOTICE: DUE ON OR BEFORE DECEMBER 31, 1994

UNITED STATES DEPARTMENT OF REVENUE
ANNUAL REPORT
1995



STATE OF FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

95 JAN 17 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
A9500000008

ALFREDO DIEZ FAMILY PARTNERSHIP, L.T.D.

640 Solano Prado
Coral Gables FL 33156

640 Solano Prado
Coral Gables FL 33156

3. Date of registration in Florida
12-23-94

3b. State of origin
12-23-94

4. State of incorporation
FLORIDA

5a. Capital contribution as stated on this report
\$1,000,000.00

5b. Amount of capital contribution in Florida
\$1,000,000.00

6. Filing fee
X Appeal Fee
Not Applicable

7. Additional Fee
\$375 Additional Fee required for Certificate of Origin

8. THE BASIC ANNUAL REPORT FILING FEE IS FIGURED AT THE RATE OF \$7.00 PER THOUSAND ON THE ACTUAL CAPITAL CONTRIBUTION PLUS A SUPPLEMENTAL FEE OF \$138.75 PURSUANT TO § 607.193, FLORIDA STATUTES. THE FILING FEE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75). For questions concerning filing fees, please call (804) 487-6056. Please submit your 1995 annual report with a check payable to the Secretary of State in U.S. funds through a U.S. bank.

9. Name and Address of Current Registered Agent

OTERO & MULLIN, P.A.
75 Valencia Ave., Fourth Floor
Coral Gables FL 33134

10. If changed from registered agent file a

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code
FL

10a. Pursuant to the provisions of sections 607.193 and 607.192, Florida Statutes, the above named limited partnership (or partnership or registered under the laws of the State of Florida) submits this statement for the purpose of changing its registered agent or partner in the State of Florida. Such change was authorized by its general partner(s) (or partner) to accept the appointment of registered agent (or partner) with and in compliance with section 607.193, 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 of General Partner(s)

11a. Address of Each General Partner(s) (Do NOT Use Post Office Box Numbers)

11b. City and State

11c. Registration Document Number

ALFREDO DIEZ

640 Solano Prado

CORAL GABLES FL
33134

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12.

SIGNATURE

Alfredo Diez
ALFREDO DIEZ

1-3-95

885-667-5737

CR2E003 (6/94)

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Nancy McArthur
Secretary of State
DIVISION OF CORPORATIONS

577 530
95 OCT 27 PM 2:31

1. Name of Limited Partnership
**1n. DOCUMENT #
A95000000008**

ALFREDO DIEZ FAMILY PARTNERSHIP, LTD.

DO NOT WRITE IN THIS SPACE

Mailing Address: **640 SOLANO PRADO
CORAL GABLES FL 33150**
Principal Office Address: **640 SOLANO PRADO
CORAL GABLES FL 33150**

2. New Mailing Address, if Applicable
State, Apt. # etc.
City, State & Zip

2n. New Principal Office Address, if Applicable
State, Apt. # etc.
City, State & Zip

If above addresses are incorrect in any way, see through this document information and enter correct address in Block 2 and/or 2n.

3. (Date Filing or Reg started to Do Business in) **FLORIDA 12/23/1994**
3n. Date of Last Report: **01/17/1994**
4. State or Country of Formation: **FL**

5a. Capital Contributions as Shown on Record: **\$1,000,100.00**
5b. Amount of Capital Contributions in FLORIDA to date: **137,018**
6. FEI Number: **65-0559739**
Applied For: **APPLIED FOR**
7. CERTIFICATE OF STATUS REQUIRED: **\$0.75 Additional Fee required for a Certificate of Status**

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2.) Supplemental Fee: \$130.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$101.25 (\$52.50 + \$130.75) AND NO MORE THAN \$578.25 (\$437.50 + \$130.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent: **OTERO & MULLIN, P.A. - OTERO, MULLIN & TOMLIN, P.A.
75 VALENCIA AVENUE
FOURTH FLOOR
CORAL GABLES FL 33134**
10. If changed, new Registered Agent Office: **FL**

10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registry/Document Number
DIEZ, ALFREDO	640 SOLANO PRADO	CORAL GABLES FL 33134	300001626679 -11/02/95--01056--006 ***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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 effect 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: *Alfredo Diez* DATE: *10/23/95*
Telephone Number _____

CR2E003 (6/95)