A95000000118

CA[illegible] CONNECTION
(Requestor's Name)

(Address)

TALLAHASSEE FL
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 AM 11:50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ITCON VENTURES II, LTD.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

700001389707
-01/26/95--01017--010
****157.50 ****157.50

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX _____
FILING 70.00
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 157.50
V. BANK _____
BALANCE DUE _____

1/20/95

Examiner's Initials	

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP
OF
ITCON VENTURES II, LTD.

1. ITCON VENTURES II, LTD.
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. c/o Michael B. Werner
1111 Lincoln Road #800, Miami Beach, FL 33139
(The Business Address of Limited Partnership)

95 JAN 20 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Michael B. Werner,
(Name of Registered Agent for Service of Process)

4. 1111 Lincoln Road #800, Miami Beach, Florida 33139
(Florida Street Address for Registered Agent)

5. [signature]
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process.)

6. c/o Michael B. Werner
1111 Lincoln Road #800, Miami Beach, Florida 33139
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is JAN.18, 2045.

8. NAME OF GENERAL PARTNER(S) — SPECIFIC ADDRESS

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
ITCON TOWER V, INC.	c/o Michael B. Werner 1111 Lincoln Road #800 Miami Beach, FL 33139

1/2

Signed this 20th day of January, 1995.

Signature of all general partners:

ITCON TOWER V, INC.

By: _____
General Partner
Michael B. Warner, President

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

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STATE
SECRETARY OF
OKLAHOMA
95 JAN 20 AM 11:50

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of

ITCON VENTURES II, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 9,500.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 9,500.00.

This 20th day of January, 19 95.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
95 JAN 20 AM 8:50

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I(we) have read the foregoing and that the facts alleged are ture, to the best of my knowledge and belief.

ITCON TOWER V, INC.

By: _____
General Partner
Michael B. Werner, President

_____
General Parnter

_____
General Partner

_____
General Partner

_____
General Partner

_____
General Partner

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

LIMITED PARTNERSHIP ANNUAL REPORT 1996

A95000000118

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95 OCT 13 AM 11:23
TALLAHASSEE, FLORIDA

10-13

1a. DOCUMENT # A95000000118

1. Name of Limited Partnership

ITCON VENTURES II, LTD.

Mailing Address
C/O MICHAEL B. WERNER
1111 LINCOLN ROAD, #800
MIAMI BEACH FL 33139

Principal Office Address
C/O MICHAEL B. WERNER
1111 LINCOLN ROAD, #800
MIAMI BEACH FL 33139

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

DO NOT WRITE IN THIS SPACE

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

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 01/20/1995

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $9,500.00

5b. Amount of Capital Contributions in FLORIDA to date: $9,500.00

6. FEI Number: 65-0546922

7. CERTIFICATE OF STATUS REQUIRED X
Applied For
Not Applicable
$8.75 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: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $570.25 ($437.50 + $138.75)
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
WERNER, MICHAEL S
1111 LINCOLN ROAD, #800
MIAMI BEACH FL 33139

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

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

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. Registration/ Document Number
ITCON TOWER ~~VI~~ V, INC.	C/O 1111 LINCOLN ROAD SUITE #800	MIAMI BEACH FL 33139	P94000092049

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-11/03/95--01042--013
****205.25 ****205.25

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)(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 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.

ITCON TOWER V, INC., General Partner
SIGNATURE By: Michael B. Werner, President
Typed or Printed Name of General Partner Signing Form: ITCON TOWER V, INC.

DATE 9/28/95
Telephone Number (305)538-8558

CR2E003 (6/95)

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