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

LIMITED PARTNERSHIP
ANNUAL REPORT

AMERICAS CENTER, LTD.

JAL REPORT 1997

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

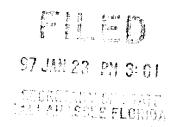
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of Gene

DOCUMENT # **A9500000237** 





Mailing Address 150 SOUTHEAST 2ND AVENUE SUITE 300	Principal Office Address 150 SOUTHEAST 2ND AVENUE SUITE 300 MIAMI FL 33131		3. Date Formed or Registered 02/17/1995	5a. Capital Contributions as Shown on record.
MIAMI FL 33131			3a. Date of Last Report 10/23/1995	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0556167	Applied For Not Applicable
City & State	Crty & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Co	untry	8. Make check payable to: Dept. or	Fee Required  1 State (See reverse side for fee Information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
WINTON, JOHNNY L 150 SOUTHEAST 2ND AVENUE SUITE 300 MIAMI FL 33131		Name		
		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.		
		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  DATE  DATE  DATE				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11, Name(s) of General Partner(s)	11a. (Oc NOT Use Post Office Box N	rtner lumbers) 11b	City, State & Zip Code	11c. Registration/ Document Number
C.W.S. CAPITAL MANAGEMENT II	150 SOUTHEAST 2ND AVE		MIAMI FL 33131	P95000013687
			200002 -01/24 ****5	0672828 /9701023001 85.00 ****585.00

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 effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

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