A95000002666

FEB-24-95 FRI 14:16 RUDEN BARNETT P.01

2/24/95 FLORIDA DIVISION OF CORPORATIONS 11:10 AM
PUBLIC ACCESS SYSTEM
(((H95000002213))) ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: RUDEN, BARNETT, MCCLOSKY, ET AL.
200 E BROWARD BLVD
PO BOX 1900
FT LAUDERDALE FL 33302-
CONTACT: ANNE MARIE LA FERLA
PHONE: (305) 764-6660
FAX: (305) 764-4996

(((H95000002213)))
NAME: UNIQUE ASTOR, LTD
DOCUMENT TYPE: FLORIDA LIMITED PARTNERSHIP
FAX AUDIT NUMBER: H95000002213
DATE REQUESTED: 02/24/1995
CERTIFIED COPIES: 1
NUMBER OF PAGES: 5
ESTIMATED CHARGE: $140.00
CURRENT STATUS: REQUESTED
TIME REQUESTED: 11:29:57
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 076077000521

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

(((H95000002213)))
** ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:
Alt-Z FOR HELP° VT102 ° FDX ° 9600 E71 ° LOG CLOSED ° PRT OFF ° 9600

A95000002666

2/24/95(LW)

FILED
1995 FEB 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B95000002213

FILED
1995 FEB 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP OF UNIQUE ASTOR, LTD.

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, does hereby execute and file with the Secretary of State of Florida this Certificate of Limited Partnership, as follows:

1. The name of the limited partnership ("Partnership") is Unique Astor, Ltd.

2. The address of the office in Florida at which will be kept the records of the Partnership required to be maintained by Section 620.105 of the Florida Revised Uniform Limited Partnership Act (the "Act") is 490 East Palmetto Park Road, Suite 110, Boca Raton, Florida, 33432.

3. The name and address of the agent for service of process required to be maintained by Section 620.105(2) of the Act is Dennis Max, 490 East Palmetto Park Road, Suite 110, Boca Raton, Florida, 33432.

4. The name and business address of each General Partner of the Partnership is as follows:

GENERAL PARTNER	BUSINESS ADDRESS
Unique Astor, Inc.	490 East Palmetto Park Road, Suite 110 Boca Raton, Florida 33432

Prepared by: Michael H. Krul, Esq., FL Bar #0196954
Ruden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

H95000002213

FILED
95 FEB 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. A mailing address for the Partnership is as follows:

Unique Astor, Inc.
490 East Palmetto Park Road
Suite 110
Boca Raton, Florida 33432

6. The latest date upon which the Partnership is to dissolve is December 31, 2025, unless terminated sooner in accordance with the provisions of the Limited Partnership Agreement.

7. An affidavit as to capital contributions of the limited partners is submitted herewith and hereby incorporated herein by reference.

IN WITNESS WHEREOF, I have hereunto subscribed my hand and seal to this Certificate this 17 day of February, 1995.

GENERAL PARTNER:

UNIQUE ASTOR, INC.

By: _____
Dennis Max, President

Prepared by: Michael H. Krul, Esq., FL Bar #0196954
Ruden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

H95000002213

ACCEPTANCE OF APPOINTMENT
AS REGISTERED AGENT

THE UNDERSIGNED, named as the agent for service of process in paragraph three of the Certificate of Limited Partnership of Unique Astor, Ltd., hereby accepts the appointment as such registered agent, and acknowledges that he is familiar with, and accepts the obligations imposed upon registered agents under, the Florida Revised Uniform Limited Partnership Act.

DATED this 17 day of February, 1995.

Dennis Max

FILED
1995 FEB 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Prepared by: Michael H. Krul, Esq., FL Bar #0196954
Ruden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

H95000002213

FILED
95 FEB 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT DECLARING AMOUNT OF

CAPITAL CONTRIBUTIONS OF LIMITED PARTNERS OF

UNIQUE ASTOR, LTD.

The undersigned, constituting the sole General Partner of Unique Astor, Ltd., (the "Partnership"), a Florida limited partnership, certifies as follows:

Upon the formation of the Partnership, the limited partners' contributions of cash and property to the Partnership have a value of $100. No additional capital contribution is anticipated to be made by the limited partners.

It is the intention of the Partnership that this Affidavit be filed with the Secretary of State of the State of Florida, along with the Certificate of Limited Partnership.

FURTHER AFFIANT SAYETH NOT.

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

UNIQUE ASTOR, INC.,
a General Partner

By: _____
Dennis Max, President

Prepared by:

Michael H. Krul, Esq., FL Bar #0196954
Ruden Barnett, Et al., P. O. Box 1900
Fort Lauderdale, Florida 33301
(305) 764-6660

P.05

FILED
95 FEB 24 PM 3 50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

...ue Astor, Ltd., (the

...ibutions of cash and

...ibution is anticipated

...e Secretary of State

...g and that the facts

..., INC.,

President

...L Bar #0196954
...O. Box 1900
...33301

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
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN -3 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership: UNIQUE ASTOR, LTD.

1a. DOCUMENT # A95000000266

96-AR
CM

Mailing Address:
490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

Principal Office Address:
490 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON FL 33432

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

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

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
02/24/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number
$100.00	100.00	65-0572931Z

Appeal Fee / Not Applicable

7. CERTIFICATE OF STATUS REQUIRED — $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 $576.25 ($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
MAX, DENNIS
490 EAST PALMETTO PARK RD.
SUITE 110
BOCA RATON FL 33432

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

10a. Pursuant to the provisions of sections 620.105 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
UNIQUE ASTOR, INC.	490 EAST PALMETTO PAR	BOCA RATON FL 33432	P95000015583

CR2E003 (6/95)

300001686209
-01/11/96--01019--007
****200.00 ****200.00

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 adequately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability... in the event that the information supplied... 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; 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 [signature] DATE 12/28/95

Typed or Printed Name of General Partner Signing Form: Dennis Max   Telephone Number: 407-392-0611

0002816