Charter Number Only

A95000000456

3-20-95 MK

ALVARO Castillo
Requestor's Name
1533 Sunset Dr. #201
Address
miami FL 33143
City State ZIP Phone

305-666-4676C

VALIDATION ONLY

000001439620
-03/24/95--01110--006
****140.00 ****140.00

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 11:01
SECRETARY OF STATE

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
95 MAR 16 AM 8:00
SECRETARY OF STATE

CORPORATION(S) NAME

THE OCON Family Limited PARTNERSHIP

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

(X) Limited Partnership ( ) Annual Report ( ) Other
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies ( ) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In ( ) Will Wait (X) Pick Up ( ) Mail Out

Name Availability	MK 3/22/95
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (R8-85)

C. TAX
FILING 52.50
R. AGENT FEE 35.00
COPY 52.50
OTAL
. BANK
ALANCE DUE
ECIND

BK 3/22/95

EMPIRE Toll Free: 1-800-432-3028

CERTIFICATE OF LIMITED PARTNERSHIP
OF

THE OCON FAMILY LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 11:01

1. The Ocon Family Limited Partnership
(Name of Limited Partnership; must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 4308 University Drive, Coral Gables, Florida 33146
(The Business Address of Limited Partnership)

3. Alvaro Castillo, Esquire
(Name of Registered Agent for Service of Process)

4. 1533 Sunset Drive, Suite 201, Coral Gables, Florida 33143
(Florida Street Address for Registered Agent)

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

6. 4308 University Drive, Coral Gables, FL 33146
(The Mailing Address of the Limited Partnership.)

7. The latest date upon which the Limited Partnership is to be dissolved is December 31, 2035

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

P95000022325

The Ocon Family Corporation	4308 University Drive Coral Gables, Florida 33146

Signed this 6 day of March, 1995.

Signature of all general partners:

The Ocon Family Corp.

By Evaristo J. Ocon

General Partner

General Partner

General Partner

General Partner

General Partner

General Partner

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 11:01

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

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

The Ocon Family Limited Partnership , a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $ 900.00 .

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $ 900.00 .

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 11:01

This 6 day of March , 19 95 .

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.

The Ocon Family Corp.

By: Evaristo J. Ocon

General Partner	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

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 NOV 29 AM 10: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT # A95000000456

THE OCON FAMILY LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
4300 UNIVERSITY DRIVE CORAL GABLES FL 33146	4300 UNIVERSITY DRIVE CORAL GABLES FL 33146

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

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

000001651108-12/01/95--01053--022 ****191.25 ****191.25

3. Date Formed or Registered to Do Business in FLORIDA: 03/22/1995

3a. Date of Last Report:

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $900.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: 65-0671094

7. CERTIFICATE OF STATUS REQUIRED
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 $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

CASTILLO, ALVARO ESQUIRE
1533 SUNSET DRIVE, SUITE 201
CORAL GABLES FL 33143

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
THE OCON FAMILY CORPORATION	4308 UNIVERSITY DRIVE	CORAL GABLES FL 33146	P95000022325

AR - $152.50
SF - $138.75
11-30-95 a

CR2E003 (6/95)

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.

SIGNATURE [signature] President

DATE 11/20/95

Typed or Printed Name of General Partner Signing Form: Evaristo Ocon

Telephone Number (305) 227-5566

0005910