FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

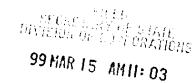
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A95000000500

EC WAREHOUSE INVESTMENT, LTD.

execute this report as required by chapter 620, Florida Statutes.





Principal Office Address 1450 MADRUGA AVE. SUITE 303		3. Date Formed or Registered 03/30/1995	5a. Capital Contributions as Shown on record	
CORAL GABLES FL 33146	SUITE 303		\$1,000.00	
••••		01/15/1998	5b. Amount of Capital Contributions in FLORIDA to date	
2a. Principal Office Address			10 tate	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State		Not Applicable \$8.75 Additional	
Zip	Z ₁ p Country		8. Make check payable to Dept of State (See reverse side for fee informati	
Current Registered Agent		10 If changed new Registered A	Agenl/Office	
		Name		
COSCULLUELA, EUGENIO J JR. *1450 MADRUGA AVE. SUITE 303		Street Address (P.O. Box Number 18 Not 19 19 19 19 19 19 19 19 19 19 19 19 19		
CORAL GABLES FL 33146		*****141.2'5		
SIGNATURE (Registered Agent Accepting Appointment)			DATE	
			ER BUSINESS ENTIT	
Address of Each Gene (Do NOT Use Post Office	rat Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
IC 1450 MADRUGA AVE	E., ST	CORAL GABLES FL 33146	P95000025336	
		13K		
			ah	
- O i i i	Suite, Apt. #, etc. City & State Zip Distance Course of Statutes and Statutes are specified agent or registered agent, or both, in the State of Figations of section 620.192, Florida Statutes INI) IAT IS A CORPORATION IUST BE REGISTERED A Address of Each Gene 11a. (Do NOT Use Post Office)	Suite, Apt. #, etc. City & State Zip Country Description: Street Address Suite, Apt. #, etc. City Apt. #, etc. Int. City Street Address Suite, Apt. #, etc. City Street Address Suite, Apt. #, etc. City Street Address Suite, Apt. #, etc. City Apt. City Street Address Suite, Apt. #, etc. City Street Address Suite, Apt. #, etc. City Address of Each General Pariner Address of Each General Pariner 11a. (Do NOT Use Post Office Box Numbers)	Suite, Apt. #, etc. City & State City & State Country Country Country R. Make check payable to Dept. of the Country R. Make check payable to Dept. of the Country Name Street Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. City City City DATE Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10. If changed, now Registered Agent 10. If changed, now Registered Agent Name Street Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Extreet Address (P.O. Box Number 1, 10) Extreet Address (P.O. Box Number 1, 10) Suite. Apt. #, etc. (13/23, 13/23) Extreet Address (P.O. Box Number 1, 10) Extreet Address (P.O. Box	

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 empowered to

Typed or Printed Name of General Partner Signing Form Eugenio Cosco //ve/a Tr

DATE 02-08-99

Dayling Telephone Number 305 662-6840