FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 26 AM 9:27

1. Name of Limited Partnership: Cabrerizo Family Limited Partnership 95-I

1a. DOCUMENT # A95000000524

Mailing Address: 9800 NW 78 Avenue, Hialeah Gardens FL 33016

Principal Office Address

3. Date Formed or Registered: 9/01/29

3a. Date of Last Report: 8/8/97

4. State or Country of Formation: US

5a. Capital Contributions as Shown on record: 1,000

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

2. Mailing Address: 9800 NW 78 Avenue
Suite, Apt. #, etc.:
City & State: Hialeah Gardens FL
Zip: 33016 Country: US

2a. Principal Office Address: 9800 NW 78 Avenue
Suite, Apt. #, etc.:
City & State: Hialeah Gardens FL
Zip: 33016 Country: US

6. FEI Number: 65-0661031 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
Richard Wolfe Esq.
20803 Biscayne Blvd. Suite 200
Aventura FL 33180

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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
Cabrerizo Family Holdings, Inc.	9800 NW 78 Ave Hialeah Gardens FL 33016	Hialeah Gardens, FL 33016	P95000007770

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****156.25 ****156.25

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 effects 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: Tom Cabrerizo DATE: 12/30/97

Typed or Printed Name of General Partner Signing Form: Tom Cabrerizo Daytime Telephone Number: 8269098 (264)

CR2E003 (6/97)