

BEDZOW, KORN & KAN, P. A.

ATTORNEYS AT LAW

SUITE 200

20803 DISCAYNE BOULEVARD

AVENTURA, FLORIDA 33180

TELEPHONE (305) 935-6868

REPLY TO:

P.O. Box 8020

HALANDALE, FLORIDA 33008

(BROWARD) (305) 523-6001

TELECOMERS:

MAIN (305) 936-9502

REAL ESTATE (305) 932-6043

LITIGATION (305) 936-2795

ALAN J. KAN

(1947 - 1994)

MICHAEL BEDZOW
GARY A. KORN
GARY L. BROWN
RICHARD C. WOLFE
PAUL R. LIPTON
GEORGE A. MINSKI
REBECCA S. TRINKLER
ALAN D. SCHNEIDER
DAVID C. JACOBSON
JENNIFER LEVIN
NEAL I. SKLAR
MICHAEL A. MARACINI
MARCY S. RESNIK
ARLENE MENENDEZ

A95000000 838

May 24, 1995

Florida Secretary of State

PO Box 6327

Tallahassee, FL 32314

7000071502377

-05/31/95--01090--004

*****87.50 *****87.50

RE: Taracido Family Limited Partnership

Dear Sirs:

Enclosed please find an original limited partnership agreement together with a certificate, affidavit and check in the amount of \$87.50 representing the minimum filing fee, plus the resident agent designation fee.

Upon filing please return to the undersigned. If you have any questions, please do not hesitate to contact me.

Very truly yours,

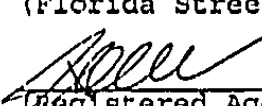

RICHARD C. WOLFE,
For the Firm

FILED
MAY 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RCW/egm	
Name	6/2/95
Available	ccc Mr. and Mrs. Manuel Taracido
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CERTIFICATE OF LIMITED PARTNERSHIP
OF

TARACIDO FAMILY LIMITED PARTNERSHIP 95-I

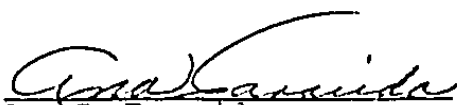
1. TARACIDO FAMILY LIMITED PARTNERSHIP 95-I
(Name of Limited Partnership)
2. 270 S. Hibiscus Drive, Miami Beach, Florida 33139
(The Business Address of Limited Partnership)
3. RICHARD C. WOLFE, ESQ.
(Name of Registered Agent for Service of Process)
4. 20803 Biscayne Boulevard, Suite 200, Aventura, Fla. 33180
(Florida Street Address for Registered Agent)
5. 
(Registered Agent must sign here to accept designation as
for Registered Agent for Service of Process)
6. 270 S. Hibiscus Drive, Miami Beach, Florida 33139
(The Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be
dissolved is December 31, 2024.
8. NAME AND ADDRESS OF GENERAL PARTNER(S):

Manuel E. Taracido	Ana C. Taracido
270 S. Hibiscus Drive	270 S. Hibiscus Drive
Miami Beach, Florida 33139	Miami Beach, Florida 33139

Signed this 23rd day of May, 1995.

Signature of General Partners:


Manuel E. Taracido,
General Partner


Ana C. Taracido
General Partner

FILED
MAY 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the General Partners of TARACIDO FAMILY LIMITED PARTNERSHIP 95-I, a Florida Limited Partnership, certify as follows:

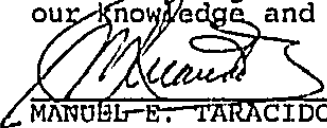
The amount of capital contributions to date of the limited partners is \$1,000.00.

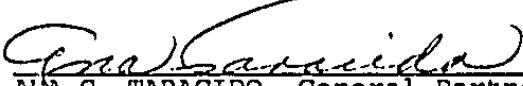
The total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,000.00.

This 23rd day of May, 1995.

FURTHER AFFIANT SAYETH NOT.

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


MANUEL E. TARACIDO, General Partner


ANA C. TARACIDO, General Partner

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

The execution of the foregoing instrument was acknowledged before me this 23rd day of May, 1995, by Manuel E. Taracido, General Partner, who is personally known to me or has produced as identification, and who did take an oath.

My Commission Expires:
LISA ELLEN HOFFMAN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC219140
MY COMMISSION EXP. AUG. 2, 1996
STATE OF FLORIDA)

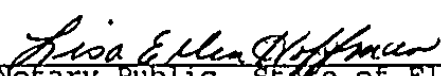
COUNTY OF DADE) SS:

The execution of the foregoing instrument was acknowledged before me this 23rd day of May, 1995 by Ana C. Taracido, General Partner, who is personally known to me or has produced as identification, and who did take an oath.

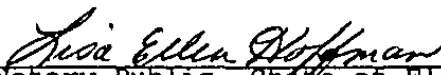
My Commission Expires:

dcj\3469\35792.01

OFFICIAL NOTARY SEAL
LISA ELLEN HOFFMAN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC219140
MY COMMISSION EXP. AUG. 2, 1996


Notary Public, State of Florida

Print Name: LISA ELLEN HOFFMAN


Notary Public, State of Florida

Print Name: LISA ELLEN HOFFMAN

FILED
1995 MAY 30 AM 10:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

A95000000838

FILED

05 OCT 26 PM 3:49

TAMMISSE, FL 33139

(DO NOT WRITE IN THIS SPACE)

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000838

TARACIDO FAMILY LIMITED PARTNERSHIP 95-I

Mailing Address

270 S. HIBISCUS DRIVE
MIAMI BEACH FL 33139

Principal Office Address

270 S. HIBISCUS DRIVE
MIAMI BEACH FL 33139

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

3. Date Formed or Registered to Do Business in
FLORIDA 05/30/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$1,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

6. Filing Number
65-6177289

Applied Fee

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

\$0.75 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

WOLFE, RICHARD C ESO
20803 BISCAYNE BOULEVARD, 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 620.102, Florida Statutes, the above named limited partnership organizes 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 620.102, 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)

TARACIDO, MANUEL E
TARACIDO, ANA C

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

270 S. HIBISCUS DRIVE
270 S. HIBISCUS DRIVE

11b. City, State & Zip Code

MIAMI BEACH FL 33139
MIAMI BEACH FL 33139

11c. Registration/
Document Number

KWRR

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 accurately 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

Typed or Printed Name of General Partner Signing Form

MANUEL E. TARACIDO

DATE

Telephone Number

10/19/95
(305) 622 3080

CR2E003 (6/95)

A 95000000838

DEBIT MEMORANDUM

FOR OFFICIAL USE

TO :
DEPARTMENT OF STATE

DATE

NUMBER

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	2,092.50	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	2,092.50	OTHER	4

CROSS
REF

DISTRIBUTION
SAMAS CODE

REASON

AMOUNT

12	45-20-2-130001-45300000-00-000100-00	1	10.00
12	45-20-2-130001-45300000-00-000100-00	1	43.75
12	45-20-2-130001-45300000-00-000100-00	1	.75.00
12	45-20-2-130001-45300000-00-000100-00	2	191.25
12	45-20-2-130001-45300000-00-000100-00	1	245.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	383.25
12	45-20-2-130001-45300000-00-000100-00	1	383.25

GRAND TOTAL:

\$ 2,092.50

RECEIVED

61648-E 191.25

206.25

Process Date: 11/13/95

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer