BEDZOW, KORN & KAN, P. A.

ATTORNEYS AT LAW

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SUITE 200
20803 BISCAYNE BOULEVARD
AVENTURA, FLORIDA 33180
TELEPHONE (305) 935-6868

REPLY TO:
P.O. BOX 8820
HALLANDALE, FLORIDA 33008

(BROWARD) (305) 523-6001

TELECOPIERS:
MAIN (305) 936-9502
REAL ESTATE (305) 932-6043
LITIGATION (305) 936-2795

ALAN J. KAN
(1937 - 1994)

A95000000838

May 24, 1995

Florida Secretary of State
PO Box 6327
Tallahassee, FL 32314

700001502877
-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.

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

Very truly yours,

RICHARD C. WOLFE,
For the Firm

RCW/eem

Name Available	6/2/95
Document Examiner	RCW\3469\38598
Updater	
Verifier	
Typist	
W. P. Verifyer	

cc: Mr. and Mrs. Manuel Taracido

A95000000838

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)

FILED
1995 MAY 30 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
270 S. Hibiscus Drive
Miami Beach, Florida 33139

Ana C. Taracido
270 S. Hibiscus Drive
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

dcj\3469\35792.01

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.

FILED
95 MAY 30 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. CC219160
MY COMMISSION EXP. AUG. 2,1996

Notary Public, State of Florida

Print Name: LISA Ellen Hoffman

STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

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:

Notary Public, State of Florida

Print Name: LISA Ellen Hoffman

dcj\3469\35792.01

OFFICIAL NOTARY SEAL
LISA ELLEN HOFFMAN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC219160
MY COMMISSION EXP. AUG. 2,1996

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
95 OCT 26 PM 3:49
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

TARACIDO FAMILY LIMITED PARTNERSHIP 95-I

1a. DOCUMENT # A95000000838

2. New Mailing Address, If Applicable

Suite, Apt. # etc.

City, State & Zip

Mailing Address
270 S. HIBISCUS DRIVE
MIAMI BEACH FL 33139

Principal Office Address
270 S. HIBISCUS DRIVE
MIAMI BEACH FL 33139

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: 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. FEI Number: 65-6177289

Applied For

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

WOLFE, RICHARD C ESQ
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 620.192, 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
TARACIDO, MANUEL E	270 S. HIBISCUS DRIVE	MIAMI BEACH FL 33139	
TARACIDO, ANA C	270 S. HIBISCUS DRIVE	MIAMI BEACH FL 33139	

KWR

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 exemptions stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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] DATE: 10/19/95

Typed or Printed Name of General Partner Signing Form: Manuel C Taracido Telephone Number: (305) 672 3080

CR2E003 (6/95)

0005707

A95000000838

DEPARTMENT OF STATE

FOR OFFICIAL USE

DATE NUMBER

TO :
DEPARTMENT OF STATE

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	2
OTHER		UNCOLLECTED FUNDS	3	
TOTAL	2,092.50	OTHER	4	

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	1	206.25
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	383.75
12	45-20-2-130001-45300000-00-000100-00	1	383.75

GRAND TOTAL: $ 2,092.50

1655947
12/07/95--01031--004
****206.25

RECEIVED
95 NOV 28 AM 2:23
BUREAU OF GENERAL

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