## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

DIVISCRETABLED

1999	±	Secretary of State DIVISION OF CORPORATIONS		98 DEC 10 AMII: 08		
1. Name of Limited Partnership	1a. DOCUMI A95000000			34.	or AMII: 08	
VARADERO IV, LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
C/O MICHAEL B. WERNER 1111 LINCOLN ROAD. #800 MIAMI BEACH FL 33139	C/O MICHAEL B. WERNER 1111 LINCOLN ROAD, #800 MIAMI BEACH FL 33139			06/13/1995 3a. Date of Last Report 12/22/1997	\$9,900.00  5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State			6. FEI Number 65-0578884	Applied For Not Applicable	
		- <del> </del>		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	F	8. Make check payable to: Dept. of Si	ate (See reverse side for fee information)	
9. Name and Address of Current F	legistered Agent	Name		10. If changed, new Registered	Agent/Office	
WERNER, MICHAEL B		Street Address (P.O. Box Number is Not Acceptable)				
MIAMI BEACH FL 33139	1 LINCOLN ROAD, #800 MI BEACH FL 33139		Suite, Apt. #, etc.			
		City		<u></u>	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	istered agent, or both, in the State of Florid					
A GENERAL PARTNER THAT I	S A CORPORATION, L BE REGISTERED AND	IMITED I	PARTNE WITE	NERSHIP OR OTHER	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner	11b.	City, State & Zip Code	11c. Registration/	
VARADERO IV, INC.	1111 LINCOLN ROAD, #8	1	MIAM	I BEACH FL 33139 200027	P95000039891	
<b>,</b> -				-12/17/ ****16	\$801003009 6.80 ****166.80 -	

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)	(
------------	---

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number