


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  ISSG LIMITED PARTNERSHIP		1a. DOCUMENT # A95000000896	
Mailing Address  % DADE PAPER & BAG CO. P.O. BOX 523666 MIAMI FL 33152		Principal Office Address  % DADE PAPER & BAG CO. 2323 NW 72ND AVENUE (MILAM DAIRY ROAD) MIAMI FL 33122-1827	
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country	
		3. Date Formed or Registered 06/15/1995	
		3a. Date of Last Report 03/20/1998	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$1,311,400.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 65-0541012 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$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  DADE COUNTY CORPORATE AGENTS, INC. 20801 BISCAYNE BOULEVARD, SUITE 505 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)  GENET, IRVING  GENET, SYLBIA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  2323 NW 72ND AVENUE (  2323 NW 72ND AVENUE (  	11b. City, State & Zip Code  MIAMI FL 33122-1827  MIAMI FL 33122-1827	11c. Registration/Document Number    7000002755477--6 -01/26/99--01087--017 *****526.25 *****526.25
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 _____ Typed or Printed Name of General Partner Signing Form <i>IRVING GENET</i>		DATE <i>12/16/98</i> Daytime Telephone Number <i>305-592-1020</i>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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