CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite [illegible] Tallahassee, FL [illegible]
Mailing Address: P[illegible] Office Box [illegible] Tallahassee, FL 32314-[illegible]
TOL[illegible] FAX[illegible]
(904) 222-1222

A95000000920

FILE: [illegible]

Ltr'd 95 JUN 20 AM 9:45

DIVISION OF CORPORATIONS DISBURSED

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailer No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

BK 6/20/95

OVERPAYMENT - 16.90
(2) CUS - 17.50
FILING - 52.50
R. AGENT FEE - 35.00
(2) C. COPY - 105.00
TOTAL - 226.80
V. BANK
BALANCE DUE
CHG

____	Capital Express℠		
____	Art. of Inc. File		
____	Corp. Record Search		
✓	Ltd. Partnership File		
____	Foreign Corp. File		
✓	( ) Cert. Copy(s)	(Incl. 2 cert. copies)	
____	Art. of Amend. File		
____	Dissolution/Withdrawal		
✓	CUS 95 (2 cert)		
____	Fictitious Name File		
____	Name Reservation		
____	Annual Report/Reinstatement		
____	Reg. Agent Service		
____	Document Filing		
____	Corporate Kit		
____	Vehicle Search		
____	Driving Record		
____	Document Retrieval		
____	UCC 1 or 3 File		
____	UCC 11 Search		
____	UCC 11 Retrieval		
____	____ File No.'s, ____ Copies		
____	Courier Service ____	200001520662	
____	Shipping/Handling	-06/22/95--01052--025	
____	Phone ( )	****226.80	****226.80
____	Top Priority ____		
____	Express Mail Prep. ____		
____	FAX ( ) pgs.		
	SUBTOTALS ____		

95 JUN 20 PM 5:55
FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FEE	$	
DISBURSED	$	
SURCHARGE	$	
TAX on corporate supplies	$	
SUBTOTAL	$	
PREPAID	$	
BALANCE DUE	$	
_____	$	

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY	AAL		

WALK-IN
Will Pick Up 6/20 12:00

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

FILED
STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 5:55

CERTIFICATE OF LIMITED PARTNERSHIP OF COLONNADE PARTNERS LTD., a Florida limited partnership

The undersigned General Partner, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), hereby states:

1. The name of the Partnership is Colonnade Partners Ltd.

2. The address of the office of the Partnership is 2333 Ponce de Leon Blvd., Suite 650, Coral Gables, Florida 33134.

3. The name and address of the agent for service of process of the Partnership is Guttman & del Valle, P.A., a Florida professional association, 2333 Ponce de Leon Blvd., Suite 650, Coral Gables, Florida 33134.

4. The name and business address of the sole general partner is IBEX Colonnade Corp., a Florida corporation, 2333 Ponce de Leon Blvd., Suite 650, Coral Gables, Florida 33134. V35335

5. The mailing address of the Partnership is 2333 Ponce de Leon Blvd., Suite 650, Coral Gables, Florida 33134.

6. The latest date upon which the Partnership shall dissolve is December 31, 2030.

The execution of this certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole General Partner of Colonnade Partners Ltd. this 19th day of June, 1995.

GENERAL PARTNER:

IBEX COLONNADE CORP.,
a Florida corporation

By: _____

Name: Jose F. Rosado

Title: President

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 19th day of June, 1994 by Jose F. Rosado, as President of IBEX COLONNADE CORP., a Florida corporation, on behalf of the corporation, who is personally known to me or has produced a valid driver's license as identification and did not take an oath.

My Commission Expires:

Mirtha V. Kayne
Notary Public, State of Florida
Print Name: _____

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
MIRTHA V KAYNE
COMMISSION NUMBER
CC340289
MY COMMISSION EXP.
JAN. 3,1998

IGV:Col\Sale-gen\Certificate.ltd

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 5:55

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared JOSE F. ROSADO, President of IBEX Colonnade Corp., a Florida corporation, the sole general partner of COLONNADE PARTNERS LTD., a Florida limited partnership, who, upon being duly sworn certified as follows:

1. The amount of capital contributions to the Partnership made by the Limited Partners is One Hundred Dollars ($100.00).

2. The total amount anticipated to be contributed by the Limited Partners is at least Nine Hundred Dollars ($900.00).

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

IBEX Colonnade Corp.,
a Florida corporation

By: _____

Name: Jose F. Rosado

Title: President

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 19th day of June, 1995 by Jose F. Rosado, as President of IBEX Colonnade Corp., a Florida corporation, on behalf of the corporation, who is personally known to me or has produced a valid driver's license as identification and did take an oath.

My Commission Expires:

Mirtha V. Kayne
Notary Public, State of Florida
Print Name: _____

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
MIRTHA V KAYNE
COMMISSION NUMBER
CC340289
MY COMMISSION EXP.
JAN. 3,1998

IGV:Col\Sale-gen\Affidavit.2

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 4:55

Having been named as statutory registered agent for Colonnade Partners Ltd., a Florida limited partnership (the "Partnership"), in the foregoing Certificate of Limited Partnership, I hereby agree to act in that capacity, and, on behalf of the Partnership, to accept service of process for the Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of registered agent.

REGISTERED AGENT:

GUTTMAN & DEL VALLE, P.A.,
a Florida professional association

By: Ignacio Gal Valle

Name: Ignacio G. del Valle

Title: Vice-President

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 19th day of June, 1995 by Ignacio G. del Valle, as Vice-President of GUTTMAN & DEL VALLE, P.A., a Florida professional association, on behalf of the corporation, who is personally known to me or has produced a valid driver's license as identification and did take an oath.

My Commission Expires:

Martha V. Kayne
Notary Public, State of Florida
Print Name:

NOTARY PUBLIC STATE OF FLORIDA
OFFICIAL NOTARY SEAL
MIRTHA V KAYNE
COMMISSION NUMBER
CC340289
MY COMMISSION EXP
JAN. 3,1998

IGV:Col\Sale-gen\Acceptance

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

LIMITED PARTNERSHIP ANNUAL REPORT

1996

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

FILED
95 [illegible] 2 01

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

COLONNADE PARTNERS, LTD.

1a. DOCUMENT #
A95000000920

96-AR
CM

2. New Mailing Address if Applicable

Suite, Apt. # etc.

City, State & Zip

2a. New Principal Office Address if Applicable

Suite, Apt. # etc.

City, State & Zip

Mailing Address	Principal Office Address
2333 PONCE DE LEON BLVD., SUITE 650	2333 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES FL 33134	CORAL GABLES FL 33134

400001167854141
-12/28/95--01093--013
****191.25 ****191.25

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	3a. Date of Last Report	4. State or Country of Formation
06/20/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$900.00		65-0594738	Applied For / Not Applicable — $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	10. If changed, new Registered Agent/Office
GUTTMAN & DEL VALLE, P.A. 2333 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	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 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 a general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.142, 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 Number(s))	11b. City, State & Zip Code	11c. Registration/ Document Number
IBEX COLONADE CORP.	2333 PONCE DE LEON BL	CORAL GABLES FL 33134	V35335

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)(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 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 [signature] DATE 12/14/95

Typed or Printed Name of General Partner Signing Form: Jose E. Rozadilla, Pres. of Ibex Colonnade Corp.

CR2E003 (6/95)

0005642