

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 101, Tallahassee, FL 32301, (904) 226-8000

Mailing Address: P.O. Box 103, Tallahassee, FL 32301

TO: (904) 226-8000

AX 904) 226-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

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

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

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

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY AAK

WALK-IN Will Pick Up 6:20 1200

RE: Capital Express

Lat 95 JUN 20 AM 9 45

DIVISION OF REGISTRATION

Capital Express™
Art. of Inc. Filing
Corp. Record Search
✓ Ltd. Partnership Filing
Foreign Corp. Filing
✓ () Cert. Copy(s) (I need 2 cert copies)
Art. of Amend. Filing
✓ Dissolution/Withdrawal
✓ C U S. 95 (2 cert)
Fictitious Name Filing
Name Reservation
Annual Report/Reinstatement
Reg. Agent Service
Document Filing
Corporate Kit
Vehicle Search
Driving Record
Document Retrieval
UCC 1 or 3 Filing
UCC 11 Search
UCC 11 Retrieval
File No.'s, Copies
Courier Service
Shipping/Handling
Phone ()
Top Priority
Express Mail Prop.
FAX () pgs.

SUBTOTALS

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

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
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 (1980), hereby states:

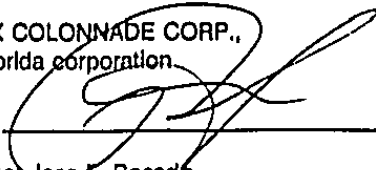
1. The name of the Partnership is Colonnade Partners Ltd.
2. The address of the office of the Partnership is 2333 Ponce de Leon Blvd., Suite 650, Coral Gables, Florida 33134.
3. The name and address of the agent for service of process of the Partnership is Guttman & del Vallo, P.A., a Florida professional 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

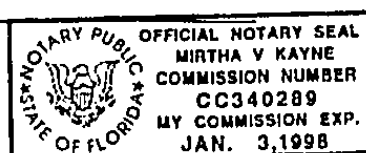
STATE OF FLORIDA
COUNTY OF DADE

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:


Notary Public, State of Florida
Print Name: _____

IGV:Col\Sale-gen\Certificate.ltd



AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared JOSE F. ROSADO, President of IBEX Colonnado 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 Colonnado Corp.,
a Florida corporation

By: _____

Name: Jose F. Rosado

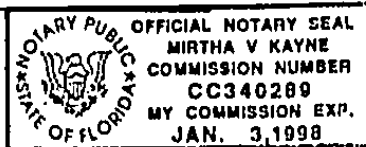
Title: President

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 Colonnado 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: _____



ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

FILED
SECRETARY OF CORPORATIONS
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 G. del Valle*

Name: Ignacio G. del Valle

Title: Vice-President

STATE OF FLORIDA
COUNTY OF DADE

The foregoing instrument was acknowledged before me this 17th 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:

Mirtha V. Kayne
Notary Public, State of Florida

Print Name: _____



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 M. Moore Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership COLONNADE PARTNERS, LTD.		1a. DOCUMENT # A95000000920 96-AR CM	
2. New Mailing Address, if Applicable Mailing Address 2333 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134		2. New Mailing Address, if Applicable Principal Office Address 2333 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134	
3. Date Formed or Registered to Do Business in FLORIDA 06/20/1995		3a. Date of Last Report	
4. State or Country of Formation FL		5. City, State & Zip 400001678544 12/28/95-01093-013	
5a. Capital Contributions as Shown on Record \$900.00		5b. Amount of Capital Contributions in FLORIDA to date	
6. FEI Number 65-0594738		7. CERTIFICATE OF STATUS REQUIRED Applied Fee 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 5a or 5b 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 607.103, 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 GUTTMAN & DEL VALLE, P.A. 2333 PONCE DE LEON BLVD., SUITE 650 CORAL GABLES FL 33134		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 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 620.102, 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registry/ 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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) 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 I made under oath. I further certify that I am a General Partner of the limited partnership, executor or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE Typed or Printed Name of General Partner Signing Form JOSE E. ROMEA, Pres. IBEX Colonnade Corp.		DATE 12/14/95	