

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 MAY -7 PM 3:43

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Randra Mortherm Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership ZALDIVAR PARTNERSHIP, LTD.	1a. DOCUMENT # A95000001077
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Mailing Address: C/O MARY ZALDIVAR 13301 S.W. 72ND AVENUE MIAMI FL 33156	Principal Office Address: C/O MARY ZALDIVAR 13301 S.W. 72ND AVENUE MIAMI FL 33156
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 07/17/1995	5a. Capital Contributions as Shown on record \$2,263,738.00
3a. Date of Last Report 12/19/1995	5b. Amount of Capital Contributions in FLORIDA to date: 2,263,738.-
4. State or Country of Formation FL	6. FFI Number 65-0566165 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ \$0.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for full information)

9. Name and Address of Current Registered Agent ZALDIVAR, MARY 13301 S.W. 72ND AVENUE MIAMI FL 33156	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) _____

000002171680--8
-05/08/97-01112--003
#4444541.25 #4444541.25

**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) ZALDIVAR GROUP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Number) 13301 S.W. 72ND AVENUE	11b. City, State & Zip Code MIAMI FL 33156	11c. Registration Document Number P95000014661
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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 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 Mary Zaldivar Mary Zaldivar DATE 1/15/97
Typed or Printed Name of General Partner Signing Form Mary Zaldivar, GP Daytime Telephone Number 305-236-5435