

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

FILED

96 NOV 14 PM 2: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001134

EL NAZARENO PARTNERSHIP, LTD.

*97-AR
cus CM*



Mailing Address

**C/O DELIA IGLESIAS
289 N.W. 63RD COURT
MIAMI FL 33126**

Principal Office Address

**C/O DELIA IGLESIAS
289 N.W. 63RD COURT
MIAMI FL 33126**

3. Date Formed or Registered

07/25/1995

5a. Capital Contributions as
Shown on record.

\$4,000,099.00

3a. Date of Last Report

12/29/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

11655 S.W. 143rd Court

Suite, Apt. #, etc.

2a. Principal Office Address

11655 S.W. 143rd Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip Country

33184

City & State

Miami, Florida

Zip Country

33184

6. FEI Number
65-0595165

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ **\$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

**KTG&S REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, #2800
MIAMI FL 33131**

10. If changed, new Registered Agent/Office

Name *Juan F. Benitez CPA, PA.*

Street Address (P.O. Box Number is Not Acceptable)
2381 S.W. 80th Court

Suite, Apt. #, etc.

City *Miami*

FL Zip Code *33155*

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 *11-06-96*

**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)

EL NAZARENO CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

289 N.W. 63RD COURT

11b. City, State & Zip Code

MIAMI FL 33126

11c. Registration/
Document Number

P95000058956

**300002013783--9
-11/26/96--01043--005
****\$85.00 ****\$85.00**

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

Delia Iglesias
Delia Iglesias

DATE *11-06-96*

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number *(904) 380-7753*

CR2E003 (6/96)