

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

A95000001217

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
97 JAN 29 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership OCEAN POINT OF MIAMI LTD		1a. DOCUMENT # A95000001217	
Mailing Address c/o CLAUDIO STIVELMAN TWO SOUTH BISCAYNE BLVD. SUITE 2980 MIAMI, FLORIDA 33131		Principal Office Address SAME	
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 AUG. 15, 1995		5a. Capital Contributions as Shown on record 250,000	
3a. Date of Last Report DEC. 9, 1995		5b. Amount of Capital Contributions in FLORIDA to date: 250,000	
4. State or Country of Formation FLORIDA		6. FEI Number 65-0609789	
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 LEHMAN, RICHARD S. ESQ. 2600 N. MILITARY TRAIL SUITE 270 BOCA RATON, FLORIDA 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	
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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) OCEAN ENTERPRISES DEVELOPMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) TWO SOUTH BISCAYNE BOULEVARD SUITE 2980	11b. City, State & Zip Code MIAMI, FLORIDA 33131	11c. Registration/ Document Number A95000062968
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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 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 *J. Stivelman* DATE 1/27/97
Typed or Printed Name of General Partner Signing Form SACQUES CLAUDIO STIVELMAN Telephone Number (305) 350-4040

CR2E003 (6/96)