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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

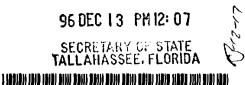
1. Name of Limited Partnership

A9500001234

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Mailing Address 9350 S. DIXIE HIGHWAY, SUITE 900 MIAMI FL 33156		9350 S. DIXIE HIGHWAY. SUITE 900 MIAMI FL 33156 3a. Date of Last Report 12/28/1995		5a. Capital Contributions as Shown on record. \$200.00 5b. Amount of Capital Contributions in FLORIDA			
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2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For Not Applicable			
City & State	City & State		63-0623-201				
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required			
			8. Make check payable to: Dept. o	State (See reverse side for fee information)			
9 Name and Add	iress of Current Registered Agent	7	10. If changed, new Registere	d Agent/Office			
AAG GENERAL, INC.		Name					
9350 S. DIXIE HIGHWAY		Street Address (P.O. Box Number Is Not Acceptable)					
SUITE 900							
MIAMI FL 33156		Sulte, Apt. #, etc. 200002032902					
		^{City} -12/18/96 1= 010399 ^{city}					
for the purpose of changing its reg agent. I am familiar with, and acce	ons 620.1051 and 620.192, Florida Statutes, the above-nam pistered office or registered agent, or both, in the State of Fi pt the obligations of section 620.192, Florida Statutes		thorized by its general partner(s). I her	eby accept the appointment of registered			
SIGNATURE (Registered Agent Accepting A		LIMITED DAD	DATE				
A GENERAL PARTNE	R THAT IS A CORPORATION, MUST BE REGISTERED AN	ND ACTIVE WI	TH THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	ral Partner Box Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number			
AAG GENERAL, INC.	9350 S. DIXIE HIGHWA	Y M	AMI FL 33156	P95000016109			
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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 filling is voluntarily furnished and of	does not qualify for the exempt	ion stated in Sec	ition 119.07(3)(k),	Florida Statutes. I release the D	ivision of
	Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that					
	this annual report is true and accurate and the my signature shall have the same legal effective empowered to execute this report as required the hapter 620, Florida Statutes.	ects as if made under oath. I fu	orther certify that	I am a General Pa	artner of the limited partnership,	receiver or truste
	empowered to execute this report as required by thapter 620, Florida Statutes.	_				
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