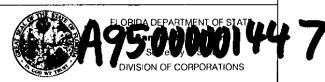
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656.25 Secretary of State, TC

APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 AUG -8 PM 2:51

DOCUM	<b>JENT</b>	#	A95000001447
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1. Name of Limited Partnership

SATELLITE BE.							
			DO NOT WRITE IN THIS SPACE.				
Mailing Address	3. Principal Office Address		A Date Farmed to Decide and				
2. Mailing Addrass 21 Bay Heights	21 Bay Height	ts Drive	4. Date Formed or Registered To Do Business in Florida 9/25/95				
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. FEI Number	Applied For			
City & State Miami, FL	City & State Micmi PI		65-0621953	Not Applicable			
<u> </u>	riamit, FD		6. S8.75 Additional Fee required for a Certificate of Status				
33133 Country USA	33133 Country US			Florida, USA			
8a. Capital Contributions as Shown on Record: \$1,000.00  8b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00	2.) Supplemental Fee(s): \$103.75 for <u>each year due</u> this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is definquent.</u> Note: If the emount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and						
9. Name and Address of Current Re	gistered Agent		10. If changed, new registered agent/office				
Qcl	Name						
Schuster, Mel 3043 Grand Ave	Street Address (P.O. Box Number Is Not Acceptable) 21 Bay Heights Drive						
Penthouse One			Day neights Di.	LVE			
Miamiy FL 33133		City Miami, FI 313 133					
		FL 33133					
10a. Pursuant to the provisions of sections 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). Thereby 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  August 4, 1997  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY							
	BE REGISTERED AND Address of Each General Pai			Registration			
11. Names of General Partner(s)	(Do NOT Use Post Office Box No		City, State and Zip Code	11a. Document Number			
Satellite Beach Construction Corp.  PBMM - 501. W AR - 52.50  SUPP - 103.75	21 Bay Heights		Miami, FL 33133 800002264 -08/12/970 ****656.25 997	5883			
			<u></u>				

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 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 a made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as reguliged by chapter 620, Flavida Statutes.

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form

DATE August 4, 1997

Mel Schuster, President of General Partner (305) 285-7000