


A95000001842

1842

**APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP**

DOCUMENT # A95000001842

1. Name of Limited Partnership
JAD Partners, Ltd.



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 30 PM 12:30

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 2666 Brickell Ave. <small>Suite, Apt. #, etc.</small>		3. Principal Office Address 2666 Brickell Ave. <small>Suite, Apt. #, etc.</small>		4. Date Formed or Registered To Do Business in Florida 11/30/95	
City & State Miami, Fl.		City & State Miami, Fl.		5. FEI Number 65-0638618	
Zip 33129	Country U.S.	Zip 33129	Country U.S.	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>\$8.75 Additional Fee required for a Certificate of Status</small>	
				7. State or Country of Formation Florida	

8a. Capital Contributions as Shown on Record:
\$532,000.00

8b. Amount of Capital Contributions in FLORIDA to date:
\$532,000.00

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent M & W Agents, Inc. One Datan Center, PHI 9100 S. Dadeland Blvd. Miami, Fl. 33156	10. If changed, new registered agent/office <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Name</td></tr> <tr><td colspan="2">Roberts & Salazar, L.L.P.</td></tr> <tr><td colspan="2">Street Address (P.O. Box Number Is Not Acceptable)</td></tr> <tr><td colspan="2">50 West Mashta Drive,</td></tr> <tr><td colspan="2">Suite, Apt. #, etc.</td></tr> <tr><td colspan="2">Suite 2'</td></tr> <tr> <td>City</td> <td>Key Biscayne, FL</td> </tr> <tr> <td>Zip Code</td> <td>33149</td> </tr> </table>	Name		Roberts & Salazar, L.L.P.		Street Address (P.O. Box Number Is Not Acceptable)		50 West Mashta Drive,		Suite, Apt. #, etc.		Suite 2'		City	Key Biscayne, FL	Zip Code	33149
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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) *Lisette Salazar Esq.* 12-29-97

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s) Irma G. DeFortuna	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2666 Brickell Ave.	City, State and Zip Code Miami, Fl. 33129	11a. Registration Document Number
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REINSTATEMENT

1997-1998

12/30/97 *nc*

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-01/07/98--01038--002

***1591.25 ***1591.25

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 *Irma G. DeFortuna*

Typed or Printed Name of General Partner Signing Form Irma G. DeFortuna

DATE 12-29-97

Telephone Number (305) 361-1383