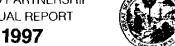
## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

	Charles on the Control of the Contro		oc nen 14	a PM 2:51 1.0(2)
1. Name of Limited Partnership	1a. DOCUMENT # <b>A9500001869</b>		96 DEC 19 PM 2:51 12/24	
AGUNA ASSOCIATES, LT	D.			
Mailing Address 1450 MADRUGA AVE., SUITE 303 CORAL GABLES FL 33146	Principal Office Address 1450 MADRUGA AVE SUITE 303 CORAL GABLES FL 33146		3. Date Formed or Registered 12/05/1995 3a. Date of Last Report 01/24/1996	5a. Capital Contributions as Shown on record \$150,000.00
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation Lu date  Contributions in FLORICIA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & State	City & State		37370 Not Applicable \$8.75 Additional
Zip Country	Zip	Zip Country		Foc Required  State (See reverse side for fee information)
9. Name and Address of	Current Registered Agent		10. If changed, new Registere	d Agent/Office
VALDES-FAULI CORPORATE SERVI	Nane			
2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI FL 33131		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt #, etc		
		City FL 21p Code		
agent Tam familiar with, and accept the o  SIGNATURE (Registered Agent Accepting Appoint  A GENERAL PARTNER T	office or registered agent, or both, in the State o bligations of section 620 192, Florida Statutes ment)	I Florida Such change	was authorized by its general partnor(s). Ther  DATE  ARTNERSHIP OR OTHE	eby accept the appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Offi	eneral Partner ice Box Numbers)	1b. City. State & Zip Code	11c. Registration/ Document Number
C.P. GROUP, LTD.	1450 MADRUGA AVE	:., SU	CORAL GABLES FL 33146	A95000001868
•		}	-12/27	0399285 79601109020 76.25 ****\$76.25

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 fitting is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes T 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 decrined 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 it made under each. 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 .....

Typed or Printed Name of General Partner Signing Form.,

LUGENE COSCULLUELA

COECA Daytine Telephone Number 305-663-6840