

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED

10/28

98 OCT 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001989

IBEX BRICKELL PARTNERS LTD.



Mailing Address

Principal Office Address

2333 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES FL 33134

2333 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES FL 33134

3. Date Formed or Registered

12/20/1995

3a. Date of Last Report

12/18/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record.

\$198,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$198,000.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0640457

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$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

GUTTMAN & DEL VALLE, P.A.
2333 PONCE DE LEON BLVD., SUITE 650
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name
RICHARD GUTTMAN
Street Address (P.O. Box Number Is Not Acceptable)
100 SE 2ND STREET
Suite, Apt. #, etc.
SUITE 4000
City
MIAMI
Zip Code
FL 33131

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)

R. Guttman

DATE 10-5-98

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

IBEX BRICKELL CORP.

2333 PONCE DE LEON BL

CORAL GABLES FL 33134

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CR2E003 (8/98)

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

JOSE F. ROSADO, AS PRESIDENT OF
IBEX BRICKELL CORP.

DATE

10/16/9

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (305) 447-8697