

# A95000002102

Document Number Only

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55 DEC 28 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CT CORPORATION SYSTEM

Requestor's Name

660 EAST JEFFERSON STREET

Address

TALLAHASSEE FL 32301 222-1092

City

State

Zip

Phone

CORPORATION(S) NAME

000001675700  
-01/02/96--01086--003  
\*\*\*\*560.00 \*\*\*\*140.00

*Next Food Bay Company, Ltd.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Profit                         | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                 |
| <input type="checkbox"/> NonProfit                      | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                   |
| <input type="checkbox"/> Limited Liability Company      | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Foreign                        | <input type="checkbox"/> Reservation            | <input type="checkbox"/> Change of N.A.         |
| <input checked="" type="checkbox"/> Limited Partnership | <input type="checkbox"/> Photo Copies           | <input type="checkbox"/> Fictitious name filing |
| <input type="checkbox"/> Reinstatement                  | <input type="checkbox"/> Call # Problem         | <input type="checkbox"/> CUS                    |
| <input checked="" type="checkbox"/> Certified Copy      | <input type="checkbox"/> Call # Wait            | <input type="checkbox"/> After 4:30             |
| <input type="checkbox"/> Call When Ready                | <input type="checkbox"/> Walk In                | <input type="checkbox"/> Pick Up                |
| <input type="checkbox"/> Mail Out                       |   |   |

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

3:00

12-28/95

12/29/95

PLEASE RETURN EXTRA COPIES  
FILE STAMPS

**CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
NEXT COCO BAY COMPANY, LTD.**

**ARTICLE I  
NAME OF LIMITED PARTNERSHIP**

The name of the partnership shall be:  
NEXT COCO BAY COMPANY, LTD.

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TALLAHASSEE FLORIDA

**ARTICLE II  
BUSINESS ADDRESS**

The business address of the limited partnership shall be:  
901 Ponce De Leon Blvd., Suite 600, Coral Gables, Fl 33134

**ARTICLE III  
REGISTERED AGENT AND REGISTERED OFFICE**

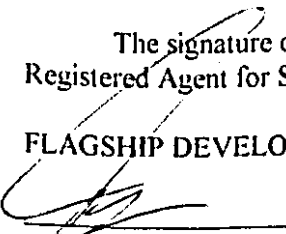
The Registered Agent for Service of Process and the Florida Street Address of the Registered Agent of the Limited Partnership shall be:

FLAGSHIP DEVELOPMENT CORPORATION, a Florida Corporation, 901 Ponce De Leon Blvd. Suite 600, Coral Gables, Fl 33134 Attn: E. Daniel Lopez, C.E.O.

**ARTICLE IV  
SIGNATURE OF REGISTERED AGENT**

The signature of the Registered Agent below evidences his acceptance as designated Registered Agent for Service of Process:

FLAGSHIP DEVELOPMENT CORPORATION, a Florida Corporation,

  
By E. Daniel Lopez  
Chief Executive Officer and Vice President

**ARTICLE V  
MAILING ADDRESS OF LIMITED PARTNERSHIP**

The mailing address of the limited partnership shall be:

901 Ponce De Leon Blvd , Suite 600, Coral Gables, Fl 33134

**ARTICLE VI**  
**LATEST DATE UPON WHICH LIMITED PARTNERSHIP IS TO BE DISSOLVED**

The latest date upon which the partnership is to be dissolved is December 31, 2050.

**ARTICLE VII**  
**NAME AND SPECIFIC ADDRESS OF GENERAL PARTNER**

The name and the specific address of the General Partner shall be:

FLAGSHIP DEVELOPMENT CORPORATION, a Florida Corporation, 901 Ponce De Leon Blvd., Suite 600, Coral Gables, Fl 33134

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 27th day of December, 1995.

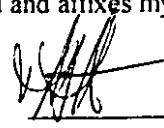
**SIGNATURE OF THE GENERAL PARTNER**

By FLAGSHIP DEVELOPMENT CORPORATION, a Florida Corporation, sole General Partner

  
By E. Daniel Lopez  
Chief Exective Officer and Vice President

STATE OF FLORIDA     )  
                                  )ss  
COUNTY OF DADE     )

BEFORE ME, personally appeared E. Daniel Lopez, as Chief Exective Officer and Vice President of the above entity, to me personally know to be the personal described in and who subscribed the above Certificate of Limited Partnership and he freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth and he produced a Florida Drivers License and did take an oath. IN WITNESS WHEREOF, I have hereunto set my hand and affixes my official seal, this 27th day of December, 1995.

  
\_\_\_\_\_  
Notary Public  
State of Florida



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME the undersigned constituting all of the general partners of NEXT COCO BAY COMPANY, LTD, a Florida limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is \$1,500.

The Total amount contributed and anticipated to be contributed by the limited partners at this time totals \$1,500.


FURTHER AFFIANT SAYETH NOT

Signed this 27th day of December, 1995.

Under penalties of perjury I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

GENERAL PARTNER

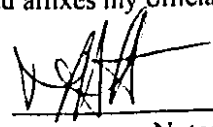
FLAGSHIP DEVELOPMENT CORPORATION,  
a Florida Corporation,

  
By E. Daniel Lopez  
Chief Executive Officer and Vice President

STATE OF FLORIDA     )  
                                  )ss  
COUNTY OF DADE     )

BEFORE ME, personally appeared E. Daniel Lopez, to me personally know to be the person described in and who subscribed the above Affidavit of Capital Contributions and he freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth and he produced a Florida Drivers License and did take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, this 27th day of December, 1995.

  
Notary Public  
State of Florida

C:\CLIENTS\NEXT\CERT-LTD\CCX



FILE ON OR BEFORE APRIL 5, 1996 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra Murrah  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 FEB 14 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000002102**

**NEXT COCO BAY COMPANY, LTD.**

96-AR  
CM

Mailing Address

801 PONCE DE LEON BLVD.  
STE. 600  
CORAL GABLES FL 33134

Principal Office Address

801 PONCE DE LEON BLVD.  
STE. 600  
CORAL GABLES FL 33134

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in  
FLORIDA

12/28/1995

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown  
on Record

\$1,500.00

5b. Amount of Capital Contributions in  
FLORIDA to date

6. FEI Number

65-0638703

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50

2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)

THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)

Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

FLAGSHIP DEVELOPMENT CORPORATION  
801 PONCE DE LEON BLVD.  
STE. 600  
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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)

DATE

**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)

FLAGSHIP DEVELOPMENT CORPORA

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

801 PONCE DE LEON BLV

11b. City, State & Zip Code

CORAL GABLES FL 33134

11c. Registration/  
Document Number

P0308042803

000001717310  
-02/16/96--01078--018  
\*\*\*\*191.25 \*\*\*\*191.25

**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 19.07(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, partner, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 2/9/96

Typed or Printed Name of General Partner Signing Form E. Daniel Lopez

Telephone Number (305)-445-6171

CR2E003 (11/95)