**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 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 22 PM 3: 41

1. Name of Limited Partnership

1a. DOCUMENT #
A95000002103

DEL ROSAL INVESTMENT PARTNERS, LTD.

Mailing Address	Principal Office Address	**3.** Date Formed or Registered	**5a.** Capital Contributions as Shown on record.
TWO SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL 33131	9400 OLD CUTLER LANE CORAL GABLES FL 33156	12/29/1995 **3a.** Date of Last Report 12/31/1997	$775,000.00
2. Mailing Address	**2a.** Principal Office Address	**4.** State or Country of Formation FL	**5b.** Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**6.** FEI Number 65-0682045	☐ Applied For ☐ Not Applicable
City & State	City & State	**7.** Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip Country	Zip Country	**8.** Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., STE. 3400 MIAMI FL 33131	Name — Street Address (P.O. Box Number is Not Acceptable) — Suite, Apt. #, etc. — City FL Zip Code

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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
BIONNE, INC.	TWO SOUTH BISCAYNE BL	MIAMI FL 33131	P95000096763

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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 _____ DATE 12/7/98

Typed or Printed Name of General Partner Signing Form JORGE LUIS DEL ROSAL   Daytime Telephone Number 305 662-3785