2000 UNIFORM BUSINESS REPORT (UBR)									
DOCUMENT # A9500002103 1. Entity Name									
DEL ROSAL INVESTMENT PARTNERS, LTD.					FILED				
Principal Place of Business Mailing Address						00 MAY -2	PM 4: 20		
9400 OLD CUTLER LANE TWO SOUTH BISCAYNE B		TWO SOUTH BISCAYNE BLVD	١.			SECRETARY (TE CTATE		
CORAL GABLES FL 33156		SUITE 3400 MIAMI FL 33131-1802		SECRETARY OF STATE TALLAHASSEE ELORIDA					
2. Principal Place of Business 3. Mailing Address 100 S. £ 2			D 0	meet		18101 EILH ODSH B3111 EB(H 9011)			
Suite, Apt.	#, etc.	Suite, App. #, etc. 4000		DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State	A		4. FEI Number	65-0682045	Applied For Not Applicabl	le	
Zip Country		Zip 33131 Country			5. Certificate of Status Desired S8.75 Additional Fee Required			7	
	6. Name and Address of Current F	<u> </u>			7. Name and Add	ress of New Registered	*	_	
Name					ENACIO NEL VALLES				
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., STE. 3400				treet Address (F	et Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33131				<u> </u>	175, 4a			7	
				ity #ALO	· · ·	FI	Zip Code	7	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							-133/3/	\dashv	
SIGNATURE Jaco Jacoban 4/25/00							0		
9. Capital Co	Signature, typed or printed name of registered agent a ntributions \$775,000.00			1. MAKE CHECK PAYABL	E TO DEPT. OF STATE	_			
as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION								4	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.									
12.	BIONNE, INC.					ADDRESS CHANGES OF	٠		
NAME				DORESS 100) <u>S.E</u> . 2	2 STREET.	SUITE 4000		
STREET ADDRESS CITY-ST-ZIP	LAMANA EL AGAGA		CITY-ST-2	^{ZIP} M	iami F	L 33131		2E000 (9/8)	
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CITY-ST-ZIP	and its that the information and a second	this filing data not suplied for the		``	otion 110 07/31/i) El	orida Statutos I further or	artify that the information	4	
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by that the information indicated in Section 119.07(3)(i), Florida Statutes.									
SIGNATURE: SIGNAY WAY PEGINERIONE, INC. 4/26/00									
SIGNATURE INITTYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #									