

**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  
 JUN 7 1998  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**1. Name of Limited Partnership**  
 THE RAMIREZ FAMILY LIMITED PARTNERSHIP

**1a. DOCUMENT #**  
 A96000000177

<b>Mailing Address</b>	<b>Principal Office Address</b>
7300 N.W. 35TH AVENUE MIAMI FL 33147	7300 NW 35TH AVENUE MIAMI FL 33147
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip Country	Zip Country

**3. Date Formed or Registered**  
 01/19/1996

**3a. Date of Last Report**  
 01/12/1998

**4. State or Country of Formation**  
 FL

**5a. Capital Contributions as Shown on record**  
 \$5,000.00

**5b. Amount of Capital Contributions in FL C/R (DA) to Date**

**6. FEI Number**  
 65-0636752

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**

WACHS, JEFFREY S ESQ.  
 1177 S.E. 3RD AVENUE  
 FORT LAUDERDALE FL 33316

Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
 Suite, Apt. #, etc  
 City  
 Zip Code

**10. If changed, new Registered Agent/Office**

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). Thereby 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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration Document Number</b>
PGM INVESTMENTS, INC.	7300 N.W. 35TH AVENUE	MIAMI FL 33147	P96000004131

3000027626831-4  
 -02/02/99 -01103--025  
 \*\*\*\*141.25 \*\*\*\*141.25

1.100 1/31/98

**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)(\*) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(\*) 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 31 98

Typed or Printed Name of General Partner Signing Form: *Sandra Ramirez* Daytime Telephone Number: 305 695-5337

CR2E003 (8/98)