FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

DOOLINAENIT #

SECRETARY OF STATE DIVISION OF CORPORATIONS

96 OCT 18 PI:12: 33

1. Name of Limited Partnership	1a. A960000	A9600000265		BIN BANK SAKN BANK BANK KING KING BING BAN MA	
DEL RIVERO MESSIANU A	ADVERTISING, LIMITED		1 (00) 01/1 (01/10 01/10 01/10 00/10 01/10 00/10 0		
Mailing Address 770 SOUTH DIXIE HWY.	Principal Office Address 770 SOUTH DIXIE HWY.	•		5a. Capitel Contributions as Snown on record \$30,100.00	
SUITE 109 CORAL GABLES FL 33146	==				
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		5b. Amount of Capital Contributions in FLORIDA to date	
Suite, Apt. #, etc.	Suite, Apt #, etc.			Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required 8. Make check payable to Dept of State (See reverse side for fee information	
9. Name and Address o	of Current Registered Agent		10. If changed, new Registere	od Agent/Office	
KLEIN, BRENT D		Name			
801 BRICKELL AVE. STE. 1901 MIAMI FL 33131		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apri. #, etc.			
					City FL Zip Code
		agent I am familiar with, and accept the	d office or registered agent, or both, in the State of obligations of section 620 192, Florida Statutes	med lim ted partne Florida Such chan	ge was authorized by its general parther(s). Thei
A GENERAL PARTNER 1	rment) IHAT IS A CORPORATION MUST BE REGISTERED A	LIMITED	PARTNERSHIP OR OTHE E WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office		11b. City, State & Zip Code	11c. Registration/ Document Number	
Del Alvero Messiar	770 SOUTH DIXIE HM	γ.,	CORAL GABLES FL 33146	L94995	
Advertising, Inc			70000 1 -10/2: ****	9879173 9/9601008031 358.20 ****358.20	
				05.23 Table 1	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby cert fy that the information supplied with this filing is voluntarly furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. Frelease the Division of Corporations from any hability 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. Hurther certify that I am a General Partner of the United partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Silitutes

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/96)