

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAR 29 AM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership A.O.P. OF MIAMI, LTD.		1a. DOCUMENT # A96000000328	
2. Mailing Address ONE S.E. THIRD AVENUE FIFTEENTH FLOOR MIAMI FL 33131		2a. Principal Office Address ONE S.E. THIRD AVENUE FIFTEENTH FLOOR MIAMI FL 33131	
3. Date Formed or Registered 02/16/1996		5a. Capital Contributions as Shown on record \$5,500.00	
3a. Date of Last Report 11/20/1997		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 65-0626343 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 BERKOWITZ, RICHARD A ONE S.E. THIRD AVENUE FIFTEENTH FLOOR MIAMI FL 33131		10. If changed, new Registered Agent/Office Name: 500002831455--2 Street Address (P.O. Box Number is Not Acceptable): 04/07/99-01003-021 Suite, Apt. #, etc.: ****141.25 ****141.25 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
COM-JET CORP.	8235 N.W. 56 STREET	MIAMI FL 33166	F11581

Handwritten: 4-6-99

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 _____

Handwritten Signature: Michael A. Foreman, President

DATE **03/23/99**

Typed or Printed Name of General Partner Signing Form

Michael A. Foreman, President

Daytime Telephone Number

305 592 3283

CR2E003 (12/98)