## 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

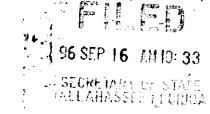
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A96000000804

INTERNATIONAL ASSET RECOVERY, LTD.





**00000195** -09/19/96--01025 \*\*\*\*191 \*\*\*\*191\_25

Mailing Address
40004 PIGHER ISDURD DRIVE
PIONER IGLAND PL 33TOD

Principal Office Address

40304-FISHER ISLAND DRIVE FIGHER ISCAND FL 33109

3. Date Formed or Registered

04/26/1996

3a. Date of Last Report

5a. Capital Contributions as Shown on record.

**5b.** Amount of Capital Contributions in FLORIDA to date:

\$100.00

2. Mailing Address 2a. Principal Office Address 701 BRICKELL 701 BRICKELL AVE Suite, Apt. #, etc 2420 City & State

FL B. FEI Number

*45 -* 0440683

4. State or Country of Formation

Annued For Mot'Abelicable

City & State Country

**3313**1

Zip

Country

7. Certificate of Status Desired

10. If changed, new Registered Agent/Office

8. Make check payable to: Dept. of State (See reverageside firstee information)

9. Name and Address of Current Registered Agent SHORE, H. ALLAN 1221 BRICKELL AVE., SUITE 2100 MIAMI FL 33131

USA

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

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 egent, 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

Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code 11c. Document Number 40304 FISHER ISLAND D FISHER ISLAND FL 3310 INTERNATIONAL ASSET RECOVERY P96000031342

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 emplayered to execute this report as required by chapter 620. Elorida statutes

SIGNATURE \_

Typed or Printed Name of General Partner Signing Form JEFFREY SAFCHIK FOR IAR

Number (305) 373-1700

CR2E003 (6/96)