

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

FILED

96 SEP 16 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000804

INTERNATIONAL ASSET RECOVERY, LTD.

97-AR
CM



000001951380
-09/19/96--01025--009

****191.25 ****191.25

Mailing Address

40304 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

Principal Office Address

40304 FISHER ISLAND DRIVE
FISHER ISLAND FL 33109

3. Date Formed or Registered

04/26/1996

5a. Capital Contributions as
Shown on record

\$100.00

3a. Date of Last Report

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

4. State or Country of Formation

FL

2. Mailing Address

701 BRICKELL AVE

2a. Principal Office Address

701 BRICKELL AVE

Suite, Apt. #, etc.

2420

Suite, Apt. #, etc.

2420

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

6. FEI Number

65-0640683

4. Amount For
Not Applicable

7. Certificate of Status Desired

\$875.00 Additional
Filing Fee

8. Make check payable to: Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent

SHORE, H. ALLAN
1221 BRICKELL AVE., SUITE 2100
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

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)

INTERNATIONAL ASSET RECOVERY

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

40304 FISHER ISLAND D

11b. City, State & Zip Code

FISHER ISLAND FL 3310

11c. Registration/
Document Number

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 effect 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

9/12/96

Typed or Printed Name of General Partner Signing Form

JEFFREY SAFCHIK FOR IAR

Daytime Telephone Number

(305) 373-1700

CR2E003 (6/96)