

TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
 98 FEB 20 PM 1:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A96000000824
THE RC # 2 FAMILY LIMITED PARTNERSHIP	

Mailing Address 10491 S.W. 15 LN #204 MIAMI FL 33174	Principal Office Address 10491 S.W. 15 LN #204 MIAMI FL 33174
2. Mailing Address <i>8357 Flabber ST</i>	2a. Principal Office Address <i>8357 Flabber ST</i>
Suite, Apt. #, etc. <i># 410</i>	Suite, Apt. #, etc. <i># 410</i>
City & State <i>MIAMI, FLORIDA</i>	City & State <i>MIAMI, FLORIDA</i>
Zip <i>33144</i> Country <i>DADE</i>	Zip <i>33174</i> Country

3. Date Formed or Registered 05/01/1996	5a. Capital Contributions as Shown on record. \$32,200.00
3a. Date of Last Report 11/12/1996	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number APPLIED FOR	<input checked="" 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)	

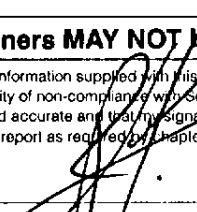
9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CALAS, RUBEN 10491 S.W. 15 LN #204 MIAMI FL 33174	Name <i>Ruben CALAS</i>
	Street Address (P.O. Box Number Is Not Acceptable) <i>8357 Flabber ST</i>
	Suite, Apt. #, etc. <i># 410</i>
	City <i>MIAMI</i> FL Zip Code <i>33144</i>

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.	300002424323--7 -02/06/98--01124--004 *****510.15 *****314.15
SIGNATURE (Registered Agent Accepting Appointment)	

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
CALAS, RUBEN	10491 S.W. 15 LN #204	MIAMI FL 33174	<i>8357 Flabber ST # 410</i>
GUTIERREZ, JACKIE	10491 S.W. 15 LN #204	MIAMI FL 33174	<i>MIAMI, FL 33144</i>
			<i>8357 Flabber ST # 410</i>
			<i>MIAMI, FL 33144</i>

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  Typed or Printed Name of General Partner Signing Form <i>RUBEN CALAS</i>	DATE <i>12/22/97</i> Daytime Telephone Number <i>305-513-4035</i>
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CR2E003 (6/97)