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 a imited Partnership

na. DOCUMENT # A96000001164 OIVISIUM OF CORPORATIONS

97 JAN -2 PM 12: 22

1/8

WE WAREHOUSE INVESTMENTS II, LTD.							
				410			
Maing Address 300 GRECO AVENUE CORAL GABLES FL 33146		Frincipal Office Address 300 GRECO AVENUE CORAL GABLES FL 33146			3. Date Formed or Registered 06/20/1996	5a. Capital Contributions as Shown on record. \$10,000.00	
					3a. Date of Last Report		
		`			4. State or Country of Formation	5b. Amou Contr to da	int of Capital ibutions in FLORIDA e
2. Mailing Address		2a. Principal Office Address			FL		
Suite, Apt. #, etc		Suite, Apt. #, etc.			6. FEI Number	Applied For Not Applicable	
City & State		City & State			7. Certificate of Status Desired \$8.75 Additional Fee Required		
Zip	Country	Zip Country			R. Make check payable to Dept. of State (See reverse side for fee information		
9.	Name and Address of Current	t Registered Agent			10. If changed, new Registere	d Agent/Office	
CORPORATION SERVICE COMPANY			Name				
1201 HAYS STREET			Street Address (P.O. Box Number Is Not Acceptable)				
TALLAHASSEE FL 32301-2525			Suite, Apt. #, etc. 200002034112-23 -01/10/9701074004				
			City ****2[18.75_*****2[18.75				
for the purpose o agent. Lam famili	ol changing its registered office or	nd 620.192, Florida Statules, the above-nan registored agent, or both in the State of F is of section 620.192, Florida Statutes				eby accept the	
A GENERAL	PARTNER THAT	IS A CORPORATION, T BE REGISTERED AN	LIMITED ND ACTIV	PART E WI	NERSHIP OR OTHE TH THIS OFFICE.	R BUSI	NESS ENTIT
11. Name(s) of Go	meral Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Registration/ Document Number
EWE WAREHOU	use investments II	300 GRECO AVENUE		CC	Pral Gables FL 33146	Pf	6000052707
Note: Coneral	Inorthors MAY NO	T be changed on this for	m: an ama	dma	nt must be filed to ch	anna a n	anaral nadrav

this annual report is true and accurate and that my's griature 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 630, Fiorida Statutes

Typod or Printed Namer of General Partner Signing Form Edward w. Easton, President, Eale warehouse Inv. Inc.
Daylime Telephone to

SIGNATURE .

0004208

Daylime Telephone Number (305) W 8 9999