

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	<b>1a. DOCUMENT #</b> <b>A96000001184</b>	

**LEON UNIVERSAL, LTD.**

Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
7400 N.W. 17TH STREET, APT. 110 PLANTATION FL 33313	7400 N.W. 17TH STREET, APT. 110 PLANTATION FL 33313	06/24/1996	\$550,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	02/04/1997	
City & State	City & State	4. State or Country of Formation	FL
Zip	Country	6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		65-0676824	
		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
LEVITT, NATALIE 7400 N.W. 17TH STREET, APT. 110 PLANTATION FL 33313	Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code
	6500002378325-3 12/22/97-01003-012 *****541.25 *****541.25 FL

**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)**

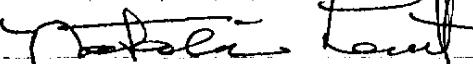
DATE

**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
LEON UNIVERSAL, INC.	7400 N.W. 17TH STREET	PLANTATION FL 33313	P96000053693

**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** 

Pres./GP DATE 12.19.97

Typed or Printed Name of General Partner Signing Form Leon Universal, Inc. by Natalie Levitt Daytime Telephone Number

CR2E003 (6/97)