

**FIVE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 FEB 27 PM 4:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Morham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership THE JIMENEZ FAMILY LIMITED PARTNERSHIP #1	1a. DOCUMENT # A96000001194
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Mailing Address 8427 S.W. 147TH COURT MIAMI FL 33193	Principal Office Address 8427 S.W. 147TH COURT MIAMI FL 33193	3. Date Formed or Registered 06/25/1996	5a. Capital Contributions as Shown on record. \$230,000.00
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.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0700017	
Zip Country	Zip Country	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$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 WILEN, BARRY A ESQ. 4801 SHERIDAN STREET, SUITE 208 HOLLYWOOD FL 33021
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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) JIMENEZ, DIOSELINA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8427 S.W. 147TH COURT	11b. City, State & Zip Code MIAMI FL 33193	11c. Registration/Document Number 500002101775--6 -03/03/97--01011--001 ****541.25 ****541.25
dec 541.25 (new fee)			

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 _____ DIOSELINA JIMENEZ	DATE <u>Dec. 10-96</u> (305) 592-3572
Typed or Printed Name of General Partner Signing Form	Daytime Telephone Number

CR2E003 (6/96)