## FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

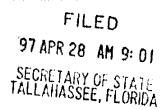
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 1a.

empowered to execute this report as required by chapter 620, Florida Statutes.





	A96000001257			
CEMAC INTERNATIONAL, LTD.	an-Ap cus			
Mailing Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.
1611 N.E. 105TH STREET Miami shores fl 33138	1611 N.E. 105TH STREET Miami Shores FL 33138		06/28/1996 38. Date of Last Report	\$1,500,000.00
2, Mailing Address	28. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apl. *, etc.  Amelia 16 land	Suite, Apt. #, etc.	rock Or	6. FEI Number	Applied For Not Applicable
City & State  L Zip Country Country	Ameliats	Country , FL	7. Certificate of Status Desired  8. Make check payable to: Dept. of	\$8.75 Additional Fee Required  State (See reverse side for fee information)
9. Name and Address of Current Ri		1	10. If changed, new Registers	ad Agent/Office
MELTZER, C. CURTIS 1611 N.E. 105TH STREET MIAMI SHORES FL 33138		Street Address (P.O. E. Sulle, Apr. #, etc.	thor C. C. Sox Nullyber is Not Acceptable;	0r Dr 32024
10a. Pursuant to the provisions of sections 620.1051 and 6 the purpose of changing its registered office or registe I am familiar with, and accept the obligations of section	red agent, or both, in the State of Florida.	i limited partnership orga	zed by its gametel partmar(s) ( leadby: -05/06	e State of Florida, submits this statement for accept the special design of a polar red applications of the statement of the statement of the special design of the statement of the statement of the special design of the statement of the stateme
SIGNATURE (Registered Agent Accepting Appointment)	C. Cuntri	Mel	DATE	5040 *****
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED AN	IMITED PAR' D ACTIVE WI	TNERSHIP OR OTHE TH THIS OFFICE.	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number
CEMAC INTERNATIONAL, INC.	1611 N.E. 105TH STREE		AMI SHORES FL 33138	raturud trans
Note: General partners MAY NOT			· · · · · · · · · · · · · · · · · · ·	

**SIGNATURE** Typed or Printed Name of General Partner Signing Form

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