

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 22 PM 12:42

1. Name of Limited Partnership CONGRESS ASSOCIATES, LTD.		1a. DOCUMENT # A96000001294	
Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145	Principal Office Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145		
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		



3. Date Formed or Registered 07/09/1996	5a. Capital Contributions as Shown on record \$8,461,714.00
3a. Date of Last Report 11/21/1997	5b. Amount of Capital Contributions in FL O/S/A to date <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. State or Country of Formation FL	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. FEI Number 65-0720744	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent HERNANDEZ, ANGEL A 2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code
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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
TRG CONGRESS, INC.	2828 CORAL WAY, PENTH	MIAMI FL 33145	P97000028373
NEW WORLD CENTER FOUNDATION,	25 SE 2ND ST., SUITE	MIAMI FL 33131	748683

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02/03/99-01017-005
***585.00 ***585.00

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  **ANGEL HERNANDEZ**
VICE - PRESIDENT DATE 1/21/99

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)