

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -3 AM 11:08

1. Name of Limited Partnership LAVMOR, LTD.	1a. DOCUMENT # A96000001429
---	--



Mailing Address 338 MINORCA AVENUE CORAL GABLES FL 33134	Principal Office Address 999 MINORCA AVENUE CORAL GABLES FL 33134	3. Date Formed or Registered 07/31/1996	5a. Capital Contributions as Shown on record. \$594,000.00
		3a. Date of Last Report 09/23/1996	5b. Amount of Capital Contributions in FLORIDA to date. Same as 5(a)
2. Mailing Address	2a. Principal Office Address 1302 N.W. 78 Ave.	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0692533 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Not Applicable	
City & State	City & State Miami, Fl.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country 33126 Dade	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent QUINTANA, J. LUIS ESQ. 338 MINORCA AVENUE CORAL GABLES FL 33134	10. If changed, now 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) FERN MANAGEMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 444 NW 33RD CORAL G 1303 N.W. 78 Ave.	11b. City, State & Zip Code MIAMI FL 33126 33126	11c. Registration/Document Number P96000080050
---	---	---	--

800002315619-- 4
-10/08/97--01123- 006
****541.25 ****541.25

KWM

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 *Fernando L. Lavoi* DATE **Sept. 30/97**

Typed or Printed Name of General Partner Signing Form **Fernando L. Lavoi** Daytime Telephone Number **(305) 594-1121**

CR2E003 (6/97)