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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

| 1997 | Secretary of DIVISION OF COR | PORATIONS | VISION OF CORPORATIONS | 3 | |
|--|--|----------------------|--|--|--|
| 1. Name of Limited Partnership | 1a. DOCUME A96000001 | NT# | 97 FEB - 6 PM 4: 20 | | |
| AIM INVESTMENT ENTERPRISES | s, LTD. | | I 1004EH FANS JAMO GRUP SOM DO | III ADAIR OBAN COTOI MOBY BAND IADAO AADI 1 ada | |
| Mailing Address 1529 WHITEHALL ÖRIVE, APT. #206 DAVIE FL 33324 | Principal Office Address 1528 WHITEHALL DRIVE, APT. #20 DAVIE FL 33324 | 6 | 3. Date Formed or Registered 08/12/1996 38. Date of Last Report | 58. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA | |
| 2. Malling Address | 2a. Principal Office Address | | 4. State or Country of Formation | to date: | |
| Suite, Apt. #, etc. City & State | Suite, Apt. #, etc. City & State | | 6. FEI Number | Applied For Not Applicable | |
| Zip Country | | country | 7. Certificate of Status Desired 8. Make check payable to: Dept. of S | \$8.75 Additional Fee Required tate (See reverse side for fee Information) | |
| 9. Name and Address of Current Re | gistered Agent | | 10. If changed, new Registered | Agent/Office | |
| SANTA ANA, ANA 1528 WHITEHALL DRIVE APT. #206 DAVIE FL 33324 | Name Street Address (P.O. Box Number is Not Acceptable) Sulfe, Apt. #, etc. City FL Zip Code | | | | |
| 10a. Pursuant to the provisions of sections 620.1051 and 62: the purpose of changing its registered office or registere I am familiar with, and accept the obligations of section SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS | d agent, or both, in the State of Fiorida. Si 620.192, Florida Statules. | uch change was autho | rized by its general partner(s). I hereby ac | State of Florida, submits this statement for cept the appointment of registered agent. | |
| MUST E | BE REGISTERED AND | ACTIVE W | ITH THIS OFFICE. | Registration/ | |
| MEYERS, ADDISON J SANTA ANA, ANA | MEYERS, ADDISON J 15 PHONETIA, APT. #30 | | ORAL GABLES FL 33134 AVIE FL 33324 | new fee | |
| | | | | 2-10 1853182 37-01076-006 6.25 ****156.25 | |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

| 12. | I to hereby certify that the information su | pplied with this filing is voluntarily | y furnished and does no | ot qualify for the exemption stated in Section 119.07(3)(k), i | Florida Statutes. I release the Division of | |
|-----|---|--|-----------------------------------|--|---|--------|
| | Corporations from any liability of non-con | npliance with Section 119.07(3)(k | <) in the event that the in | nformation supplied is deemed exempt from public access. | I further certify that the Information indicated of | on thi |
| | annual report is true and accurate and th | at my signature shall have the sa | ime legal effe <u>cts</u> as if m | ade under oath. I further certify that I am a General Partne | | |
| | empowered to execute this report as requ | uired by chapter 620, Florida Sta | tutes. | • | • | |
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| SIG | NATURE - Mulu | House | Such | DA' | TE ~2/4/97 | |
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