## 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

1. Name of Limited Partnership

1a. DOCUMENT # A9600001665

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 AM IO: 55

	A90UUUUU 1000				
THE FRANCO FAMILY LIMITED	PARTNERSHIP				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1635 S.W. 15TH STREET MIAMI FL 33145	1635 S.W. 15TH STREET MIAMI FL 33145		09/06/1996 3a. Date of Last Report 12/12/1997	\$400,000.00  5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number	Applied For	$\dashv$
City & State	City & State		65-0704429	Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. of	State (See reverse side for fee information	1)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
GUTTENMACHER, EDWARD P 19 W. FLAGLER ST., 14TH FLOOR		Name	0000027094002 -12/10/9801090013		
		= 12/10/9801090013 Street Address (P.O. Sox Number Is Not Acceptable) *****526.25 *****526.25			
MIAMI FL 33130		Suite, Apt. #, etc.	,		
		City		FL Zip Code	
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I:  MUST	section 620.192, Florida Statutes.	IMITED PAR	DATE		-
11. Name(s) of General Partner(s)	11a. Address of Each General			11c. Registration/	$\dashv$
FRANCO, ROLANDO FRANCO, IGNACIA N	1635 S.W. 15TH STREET 1635 S.W. 15TH STREET	м	iami FL 33145 iami FL 33145	Sociality	CR2E003 (8/98)
Note: General partners MAY NOT It  12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signa empowered to execute this report as required by chapter	filing is voluntarily furnished and does not o ction 119.07(3)(k) in the event that the info ture shall have the same legal effects as if 620, Florida Statutes.	qualify for the exemption	n stated in Section 119.07(3)(k), Florida S emed exempt from public access. I further ther certify that I am a General Partner of I	tatutes. I release the Division of certify that the information indicated on the limited partnership, receiver or trustee	_
SIGNATURE $\times$ $\frac{1}{2}$ $\frac{1}{2}$ Typed or Printed Name of General Partner Signing Form $\frac{1}{2}$	NALIÀ NILOA F	narco	DATE DATE	5/4/98 05-859 2415	
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