

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 15 AM 10:53



1. Name of Limited Partnership

1a. DOCUMENT #
A96000001694

F/Y ENTERPRISES, LTD.

Mailing Address

6490 W. 20TH AVENUE
HIALEAH FL 33016

Principal Office Address

6490 W. 20TH AVENUE
HIALEAH FL 33016

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

09/10/1996

3a. Date of Last Report

02/10/1998

4. State or Country of Formation

FL

6. FEI Number

65-0702889

5a. Capital Contributions as
Shown on record

\$19,600.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$19,600.00

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

PENZER, MARK
1840 WEST 49TH STREET
SUITE 510
HIALEAH FL 33012

10. If changed, new 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)

F/Y MANAGEMENT CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

6490 WEST 20TH AVENUE

11b. City, State & Zip Code

HIALEAH FL 33016

11c. Registration/
Document Number

P93000077910

9000002815229-7

-03/23/99-01040-010

****228.75 ****228.75

AR - 140.00
ARSUPP 88.75
228.75

R/K
7/15/99

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

PRESIDENT F/Y MANAGEMENT CORP. DATE 2-10-99

Typed or Printed Name of General Partner Signing Form

LUIS R. FIGUEROA

Daytime Telephone Number

305-362-5599

CR2E003 (12/98)