

APPLICATION FOR STATEMENT LIMITED PARTNERSHIP		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
DOCUMENT # A96000001760		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 MAY 19 PM 12:10	
1. Name of Limited Partnership THE CABRERA FAMILY LIMITED PARTNERSHIP		DO NOT WRITE IN THIS SPACE.	
2. Mailing Address 540 HUNTING LODGE DR. Suite, Apt. #, etc.	3. Principal Office Address 540 HUNTING LODGE DR. Suite, Apt. #, etc.	4. Date Formed or Registered To Do Business in Florida 9/20/96	5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State MIAMI SPRINGS, FL Zip 33166 Country U.S.A.	City & State MIAMI SPRINGS, FL Zip 33166 Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>See Address of Registered Agent for Instructions</small>	
8a. Capital Contributions as Shown on Record		7. State or Country of Formation FLORIDA	
8b. Amount of Capital Contributions in FLORIDA to date: \$423,000.00		FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
9. Name and Address of Current Registered Agent Cabrera, Evelio 540 HUNTING LODGE DR. MIAMI SPRINGS, FL 33166		10. If changed, new registered agent/office Name ANTOLIN RESTARDO Street Address (P.O. Box Number Is Not Acceptable) 7400 NW 95 Suite, Apt. #, etc. City PLANTATION Zip Code FL 33317	
10a. Pursuant to the provisions of sections 620.1061 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) [Signature] DATE 4-12-97			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Evelio Cabrera	540 HUNTING LODGE DR	MIAMI SPRINGS, FL 33166	N/A
REINSTATEMENT 97			
300002183819--9 -05/19/97--01161--015 ***1041.25 ****645.00			
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 [Signature]		DATE	
Typed or Printed Name of General Partner Signing Form Evelio Cabrera		Telephone Number 305/638-8639	

CR2E039 (1/97)