


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 JAN 10 PM 2:06	
1. Name of Limited Partnership SEFKO Capital, Ltd.		1a. DOCUMENT # A96000001838		3. Date Formed or Registered 10/03/96 3a. Date of Last Report N/A 4. State or Country of Formation FLA. 5a. Capital Contributions as Shown on record 3,500,000 5b. Amount of Capital Contributions if: FLORIDA to date 500,000 6. FEI Number 65-0 700072 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
Mailing Address 2600 S.W. Third Ave. Suite 800 Miami, FL 33129		Principal Office Address 2600 S.W. Third Ave. Suite 800 Miami, FL 33129			
2. Mailing Address Suite, Apt #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country			

9. Name and Address of Current Registered Agent Corporation Company of Miami 1500 Miami Center 201 S. Biscayne Blvd. Miami, FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code
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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) SEFKO Capital, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2600 SW Third Ave. Suite 800	11b. City, State & Zip Code Miami, FL 33129	11c. Registration/Document Number P96000081375 400002063144--2 -01/21/97--01020--022 *****585.00 *****585.00
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CR2E003 (6/96)

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

I 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 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 By [Signature] Pres. DATE 12/26/96
 Typed or Printed Name of General Partner Signing Form STEPHEN L. PERRONE Daytime Telephone Number 305-859-7900