

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 15 AM 10:50

<b>1. Name of Limited Partnership</b>  <b>TAIVAH REALTY LTD.</b>	<b>1a. DOCUMENT #</b> <b>A96000002226</b>
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<b>Mailing Address</b> C/O DALFEN'S LIMITED 8479 PLAE DEVONSHIRE, VILLE MONT-ROYAL QUEBEC, CANADA H4P 1S5	<b>Principal Office Address</b> C/O THOMAS C. COBB, ESQ. 1399 SW FIRST AVENUE, SUITE 400 MIAMI FL 33130	<b>3. Date Formed or Registered</b> 12/05/1996	<b>5a. Capital Contributions as Shown on record.</b> \$2,111,371.00
		<b>3a. Date of Last Report</b> 01/31/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 98-0165499
			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  COBB, THOMAS C ESQ. SCHARLIN, LANZETTA, COHEN, COBB & EBIN 1399 S.W. FIRST AVENUE MIAMI FL 33130	<b>10. If changed, new Registered Agent/Office</b> 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.**

<b>11. Name(s) of General Partner(s)</b>  DALFEN SARNO ENTERPRISES INC	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 8479 PALCE DEVONSHIRE	<b>11b. City, State &amp; Zip Code</b> QUEBEC, CANADA H4P	<b>11c. Registration/Document Number</b> F96000006321
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**KWM**

**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

DATE

September 23, 1997

Murray Dallen, President, DL Sarno

(514) 344-5010

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)