

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 23 PM 4: 07

1. Name of Limited Partnership

1a. DOCUMENT #
A96000002271

SOLOMON GALIANO, LTD.



Mailing Address

Principal Office Address

~~10000 SUNSET DR., STE. 105
MIAMI FL 33130~~

~~10000 SUNSET DR., STE. 105
MIAMI FL 33130~~

3. Date Formed or Registered

12/11/1996

5a. Capital Contributions as Shown on record.

\$371,250.00

3a. Date of Last Report

08/14/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

6320 SW 32 ST

2a. Principal Office Address

6320 SW 32 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

Country

33023-5004 USA

Zip

Country

33023-5004 USA

6. FEI Number

65-0712561

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

**WEISS, HELEN
10300 SUNSET DR., STE. 135
MIAMI FL 33129**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

700002445247--9

Suite, Apt. #, etc.

-03703798--01043--004

City

*****526.25**

*****526.25**

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)

SOLOMON GALIANO, INC.

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

10300 SUNSET DR.

11b. City, State & Zip Code

MIAMI FL 33173

11c. Registration/Document Number

P96000099527

Handwritten signature and date: 2-24

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

Handwritten signature: Helen Weiss

DATE

2/19/98

Typed or Printed Name of General Partner Signing Form

HELEN WEISS

Daytime Telephone Number

305-854-2390

CR2E003 (12/97)