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

LIMITED PARTNERSHIP ANNUAL REPORT

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS



97 FEB | 4 PH 2: 13

SECRETARY OF THAT

DATE 1-13-97

Daytime Telephone Number

954.771.8766

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Name of Limited Partnership	1a. DOCUMENT #								
	2:A9000002391								
Free Trade Ltd.			:						
			1						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record					
c/o Bruce D. Green, P.A.			12-19-96	10,000.					
600 S. Andrews Ave.			38. Date of Last Report	,					
Suite 400 Fort Lauderdale, FL 33301				Fla					
rott hadderdate, FL 33301				<b>5b.</b> Amount of Capital Contributions in FLORIDA					
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:					
			Florida	10,000.					
Suite, Apt. #, etc.	Suite, Apt. #, etc.  City & State		6. FEI Number Applied For Not Applicable						
City & State									
ony a olate	on, a state		7. Certificate of Status Desired	X \$8.75 Additional					
Zip Country	Zip	Country	Make check payable to Dept of	Foo Required  State (See reverse side for fee information)					
				au) FF 173.75					
9. Name and Address of Current Registered Agent		10. If changed, new Registere							
Mayer Shirazipour 1710 West Cypress Creek Road Fort Lauderdale, FL 33309		Name							
		Street Address (P.O. Box Number is Not Acceptable) Suite, Apl. #, etc.							
							City	7/	FL Zip Code
					10a. Pursuant to the provisions of sections 620 1051 and				
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations		rida. Such change wa:	s authorized by its general partner(s). I here	aby accept the appointment of registered					
				1					
SIGNATURE (Registered Agent Accepting Appointment)			DATE	1-13-97					
A GENERAL PARTNER THAT I	S A CORPORATION, L	IMITED PA	RTNERSHIP OR OTHE	R BUSINESS ENTITY					
MUST	BE REGISTERED AN	<u>D ACTIVE V</u>	WITH THIS OFFICE.						
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers) 11	City, State & Zip Code	11c. Registration/ Document Number					
T	1710 17 0	,  _		7000000000					
Free Trade Inc.	1710 W. Cypress C	reek   For	rt Lauderdale, FL 309	P96000102606					
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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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of

Mayer Shirazipour

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.