

12/17/97 CORPORATE DETAIL RECORD SCREEN 2:31 PM  
 NUM: A97000000180 ST:FL ACTIVE/FL LP FLD: 01/21/1997  
 ACT CONT: 100.00  
 NAME : NEWPORT PARTNERS XXXII, LTD.  
 PRINCIPAL: 300 INTERNATIONAL PARKWAY, SUITE 270  
 ADDRESS HEATHROW, FL 32746  
 RA NAME : CAHALL, PETER S  
 RA ADDR : 300 INTERNATIONAL PARKWAY, SUITE 270  
 HEATHROW, FL 32746  
 ANN REP : \* NONE FILED \*

A 97000000180

1. MENU, 3. PARTNERS

600002378516-39  
 -12/22/97--01015--028  
 \*\*\*2123.25 \*\*\*1582.00

ENTER SELECTION AND CR:

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 97 DEC 16 PM 3:05

Name	Verifiability
Document	DCC
	DCC
Verify	TC
Acknowledgement	DCC
W. P. Verifier	DCC

increasing  
 contributions  
 to \$226,000.00

C. TAX \_\_\_\_\_  
 FILING 1,582.00  
 R. AGENT FEE \_\_\_\_\_  
 C. COPY \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 N. DATE \_\_\_\_\_  
 D. DATE \_\_\_\_\_  
 REFUND \_\_\_\_\_

(Corporation)

STATE OF FLORIDA

COUNTY OF SEMINOLE

SUPPLEMENTAL AFFIDAVIT  
OF  
CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared PETER S. CAHALL, President of NEWPORT PARTNERS XXXII, INC. the sole general partner of NEWPORT PARTNERS XXXII, LTD., a Florida limited partnership (hereinafter referred to as the "Partnership"), of Seminole County, Florida, who upon being duly sworn, certified as follows:

1. The amount of capital contributions contributed to the Partnership by the limited partners is \$226,000.00.

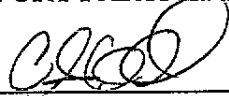
FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

GENERAL PARTNER:

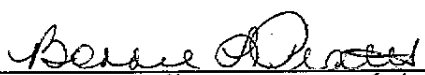
NEWPORT PARTNERS XXXII, INC.

Date: December 12, 1997

By:   
Peter S. Cahall, President

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 DEC 16 PM 3:05

The foregoing instrument was acknowledged before me this 12 day of December, 1997, by Peter S. Cahall, as President of NEWPORT PARTNERS XXXII, INC., a Florida corporation, on behalf of the corporation. Said person (check one) ☐ is personally known to me, ☐ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or ☐ produced other identification, to wit: \_\_\_\_\_

  
Print Name: Bonnie L. Pratte  
Notary Public, State of Florida  
Commission No.: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

G:\TAX\AHD\NEWPORT.DIR\NEWPOR32.SAF.wpd



BONNIE L. PRATTE  
My Commission CC416103  
Expires Nov. 29, 1998  
Bonded by HAI  
800-422-1555