

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED
JAN 19 1999
CORPORATION DIVISION



1. Name of Limited Partnership LUCA INVESTMENTS, LTD.		1a. DOCUMENT # A97000000374	
Mailing Address 5900 S.W. 100TH STREET MIAMI FL 33156	Principal Office Address 5900 S.W. 100TH STREET MIAMI FL 33156		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered 02/12/1997	5a. Capital Contributions as Shown on Record \$99,000.00
3a. Date of Last Report 02/05/1998	5b. Amount of Capital Contributions in Florida to date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 65-0738290	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Declared	
8. Make check payable to Dept. of State (See reverse for federal instructions)	

9. Name and Address of Current Registered Agent ECHENIQUE, LUIS JR. 5900 S.W. 100TH STREET MIAMI FL 33156	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) SCHMEIL MANAGEMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5900 S.W. 100TH STREE	11b. City, State & Zip Code MIAMI FL 33156	11c. Registration Document Number P97000013588
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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 filing is voluntarily furnished and does not qualify for the exempt status in Section 119.07(3)(g), 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, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____
Typed or Printed Name of General Partner Signing Form: **Luis E. Chonig, Jr.**

DATE **9/08/98**
Daytime Telephone Number **(305) 255-8447**

CRP5003 (8/98)