FILE OF OR BEFORE ECEMBER 31, 19 TO REVOCATION A	R PATTIERSUN WI O SEOP PENOLTY FUR	LI SE SUBJ	205	a7
Limited Partnérship Reinstatement 1998	FLORIL BEP RIN Sandra B. I Secretary DIVISION OF CO	of State		ILED RY OF STATE CORPORATIONS
1. Name of Limited Partnership 1a. DOCUMENT # A9700000527		4.400 mt. 1818 1810 1801 8011 8011	0 AM [1: 33	
MARSOL LIMITED PARTNERSHI	P		. 1 NOOLOTI HOLO NOHA OOLA OOLA OOLA OOLA OOLA OOLA OOLA O	
Malling Address	Principal Office Address		3, Date Formed or Registered	58. Capital Contributions as Shown on record.
2901 SOUTH BAYSHORE DRIVE, UNIT 7G	2901 SOUTH BAYSHORE DRIVE, UNIT 7G MIAMI FL 33133		02/28/1997 38. Date of Lest Report	\$25,000.00
minimi (C 00100	minmi 12 00100		Od. Date of Cast Report	
2. Mailing Addréss	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State			✓ Not Applicable
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
-			5. Make check payable to: Dept. of	State (See rayerse side for fee information)
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office	
SOLIS, MAROJAL 2901 SOUTH BAYSHORE DRIVE, UNIT 7G MIAMI FL 33 (\$3		Street Address (P.O. Box Number is Not Acceptable 7/31/98-01097		
		Suite, Apt. #, etc.		
City FL Zip				
10a. Pursuant to the provisions of sections 620.1051 and 620.192. Floring Statistical the apprenanced limited partnership organized or registered under the laws of the State of Florida, submitted his 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 20.122, Florida Statutes.				
SIGNATURE (Registered Agen) Accepting Appointment) DATE 7-20-98				
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)	11a. Address of Each General	Partner .	1b. City, State & Zip Code	11c. Registration/ Document Number
SIBRAC, JEAN F				
		R	EINSTATEME	NT 1998

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 filting of 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 decimed exempt from public access. I further certify that the information indicated on this annual report is true and accuracy and rist my functions shall have the spine legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this propried engages.