

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC -7 AM 10:55

1. Name of Limited Partnership	1a. DOCUMENT # A97000000616
ROWIMA, LTD.	



Mailing Address 10155 COLLINS AVE., APT. 1503 BAL HARBOUR FL 33154	Principal Office Address 10155 COLLINS AVE., APT. 1503 BAL HARBOUR FL 33154	3. Date Formed or Registered 03/13/1997	5a. Capital Contributions as Shown on record. \$3,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/30/1997	5b. Amount of Capital Contributions in FLORIDA to date: 115,850
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0752250 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent M&W AGENTS, INC. 9100 S. DADELAND BLVD., SUITE 1707 MIAMI FL 33156-7819	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number <del>Not Applicable</del> ) Suite, Apt. #, etc. City
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CHAREN HOLDINGS, INC.	10155 COLLINS AVE., A	BAL HARBOUR FL 33154	P96000100093

**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 Charles S. Merwitzer President of Charen DATE 12-5-98  
 Typed or Printed Name of General Partner Signing Form CHARLES S MERWITZER Daytime Telephone Number (305) 864-3367  
INC.

CR2E003 (8/98)