

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 15 PM 2:31

1. Name of Limited Partnership

1a. DOCUMENT #  
**A97000000757**

**THE RAMON MIYAR FAMILY LIMITED PARTNERSHIP**



Mailing Address

12042 S.W. 10TH TERRACE  
MIAMI FL 33184

Principal Office Address

12042 S.W. 10TH TERRACE  
MIAMI FL 33184

3. Date Formed or Registered

03/31/1997

5a. Capital Contributions as  
Shown on record.

\$500.00

3a. Date of Last Report

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$372,446.99

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

65-0752671

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

RAOUL GARCIA-VIDAL, P.A.  
ONE ALHAMBRA PLAZA, SUITE 1450  
CORAL GABLES FL 33134

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

500002378975-8

12/22/97-01065-004

\*\*\*2300.00-FL-\*\*\*\*550.00

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

MIYAR, RAMON

12042 S.W. 10TH TERRA

MIAMI FL 33184

CORAL PAR

541.25

Validated

8.75

cus

KWM

**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

Ramon Miyar, General Partner

DATE 12/10/97

Typed or Printed Name of General Partner Signing Form Ramon Miyar

Daytime Telephone Number (305)444-2213

CR25003 (6/97)