

**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
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DIVISION OF CORPORATIONS
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1. Name of Limited Partnership: THE RAMON MIYAR FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A97000000757
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 3a. Date of Last Report 12/15/1997 4. State or Country of Formation FL 6. FEI Number 65-0752671 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Annual Fee Required 8. Make check payable to Dept. of State (See reverse side for fee information)
2. Mailing Address 2588 S.W. 27 AVENUE Suite, Apt. #, etc.	2a. Principal Office Address 2588 S.W. 27 AVENUE Suite, Apt. #, etc.	
City & State MIAMI FL	City & State MIAMI FLORIDA	
Zip 33133-2143 Country USA	Zip 33133-2143 Country USA	



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: EILEEN GARCIA Street Address (P.O. Box Number Is Not Acceptable): 2588 S.W. 27 AVENUE Suite, Apt. #, etc.: City: MIAMI FL Zip Code: 33133 2143
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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): *Eileen Garcia* DATE: 12/14/98

**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 (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	01/29/99 - 01078 - 019 ****446.75 ****446.75
			01/29/99 - 01078 - 020 ****446.75 ****446.75

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: 12/14/98
 Typed or Printed Name of General Partner Signing Form: RAMON MIYAR, GENERAL PARTNER Daytime Telephone Number: (305) 441-9036 (20)

CR25003 (8/98)