

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

98 APR -8 AM 9:33

1. Name of Limited Partnership ANDRE SUAREZ, LTD.	1a. DOCUMENT # A97000000765
---	--



Mailing Address 6405 N.W. 36TH STREET, #202-L MIAMI FL 33166	Principal Office Address 6405 N.W. 36TH STREET, #202-L MIAMI FL 33166
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 04/04/1997	5a. Capital Contributions as Shown on record. \$99.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 99.00
4. State or Country of Formation FL	
6. FEI Number 65-0601138	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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)	

9. Name and Address of Current Registered Agent GEIGER, ROBERT S ESQ. 1428 BRICKELL AVENUE, 6TH FLOOR MIAMI FL 33131
--

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--

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) ANDRE SUAREZ, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6405 N.W. 36TH STREET	11b. City, State & Zip Code MIAMI FL 33166	11c. Registration/Document Number P97000005704
600002487416--0 -04/14/98--01010--020 ****141.25 ****141.25			

CR2E003 (12/97)

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 *Andra Suarez* DATE 3/23/98

306-876-9000