

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

99 MAR 29 AM 6:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|--------------------------------|--------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A97000000901 |
| COMPUACE, LIMITED PARTNERSHIP | |

| | | | |
|---|--|--|---|
| Mailing Address 5190 NW 167TH ST. SUITE 217 MIAMI FL 33014 | Principal Office Address 5190 NW 167TH ST. SUITE 217 MIAMI FL 33014 | 3. Date Formed or Registered 04/24/1997 | 5a. Capital Contributions as Shown on record. \$1,000.00 |
| | | 3a. Date of Last Report 12/29/1997 | 5b. Amount of Capital Contributions in FLORIDA to date. |
| | | 4. State or Country of Formation FL | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | 6. FEI Number 65-0748749 | <input type="checkbox"/> Applied For <input 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 COMPUACE GROUP, INC. 5190 NW 167TH ST, SUITE 217 MIAMI FL 33014 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City |
|--|--|

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) COMPUACE GROUP, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 560 N.W. 165TH STREET | 11b. City, State & Zip Code MIAMI FL 33169 | 11c. Registration/ Document Number P97000036657 |
|---|---|---|---|

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

DATE March 17, 1999

Typed or Printed Name of General Partner Signing Form

PAUL R. STEARNS

Daytime Telephone Number

(305) 623-0360

CR2E003 (8/98)