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 DEPART Sandra B. I Secretary DIVISION OF CO	Mortham of State			TARY OF STATE OF CORPORATIONS 30 AMIO: 14		
1. Name of Limited Partnership	1a. DOCUMENT # A97000001721				oo arrio. [4		
BCOM - JNA, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
540 BRICKELL KEY DR., STE. C-1 MIAMI FL 33131	540 BRICKELL KEY DR., STE. C-1 MIAMI FL 33131			08/07/1997 3a. Date of Last Report 10/02/1997	\$1,000.00 5b. Amount of Capital Contributions in FLORIDA		
3 M-10- Add	2			4. State or Country of Formation	to date:		
2. Mailing Address 1110 BRICKELL AVE	2a. Principal Office Address			FL	\$5,000		
Suite, Apt. #, etc. SUITE 303	Suite, Apt. #, etc.			6. FEI Number 65 - 07' AP-PLIED FOR	13\07 Applied For Not Applicable		
City & State MIAMI, FL	City & State			7. Certificate of Status Desired	\$8.75 Additional		
33131 Country Zip Zip		Country	Required 8. Make check payable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office (1) 5 7 /							
DALIMANINI MICHAEL		Name A.5	LAX	Y PALACHI			
				ress (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVE, SWITE 303			
MIAMI FL 33131	Suite, Apt. #, etc.			Suite 303			
	City MIAA			Zin 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 10-1-98			
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		1b.	City, State & Zip Code	11c. Registration/ Document Number		
POINT DEVELOPMENT CORPORATIO			MIAMI FL 33131		P97000064728		
	1110 BRICKELL AVE						
•	SUITE 303			100002	271112		
				1000027271112 -12/30/9801089030 ****150.00 ****150.00			
					max		
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 10-01-98							
Typed or Printed Name of General Partner Signing Form ASLAN PALACHI, PCCS. Daytime Telephone Number 305 375 - 0090							