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

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 NOV 25 PM 1:55

1. Name of Limited Partnership	1a. DOCUM A97000002086			
OMNIA GROUP INTERNAT	IONAL, LTD.			
Mailing Address Principal Office Address 292 S. County Road, #196 Palm Beach, Florida 33480			3. Date Formed or Registered 10-17-97 3a. Date of Last Report 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$7,500.00 5b. Amount of Capital Contributions in FLOREDA to date.
2. Mailing Address	2a. Principal Office Address		Florida	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		¥6. FEI Number 65-07914	Applied For Quality Not Applicable
Zip Country	Zip	Country	Certificate of Status Desired Make check payable to: Dept. of	\$8.75 Additional Fee Required 1 State (See reverse side for fee Information
9. Name and Address of Current Registered Agent MJF REGISTERED AGENT CORP. 153 Sevilla Avenue Coral Gables, FL 33134 10a. Pursuant to the provisions of sections 620 1051 and 620, 192, Florida Statules, the above-name		Name PAULA ZUKOV Street Address (P.O. Box Number Is Not Acceptable) 292 S. County Road Suite, Apt *, etc. # 196 City Palm Beach od limited partnership organized or registered under the laws of the State of Florida, submits this statement		
for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT	or registered agent or both, in the State of Fl ins of sporton 620, 192, Florida Staturus.	Paula Z	ukov DATE TNERSHIP OR OTHE	roby accept the appointment of registered
11. Name(s) of Genoral Partner(s)	11a. Address of Each Gene	NB-d		11c. Registration/ Document Number
AGRAM, INC. nome change ramendment 10-16-97 - Old name Omnia Group Internation			m Beach, FL 480 500002 : -12/03 *****!	P97000081415 3 5 2 4 4 5 0 7 7 - 01030 - 021 5 6 . 25 ****156 . 25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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), Fioride Statutes. Frolease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is decreed 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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as Trustice of the limited partnership.

SIGNATURE - L

President ., General Partner Daytime Telephone Number (561) 842-0301