



**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 PM 4:12 	
1. Name of Limited Partnership W/B OMNI, LTD.		1a. DOCUMENT # A97000002393		3. Date Formed or Registered 10/31/1997 3a. Date of Last Report 4. State or Country of Formation FL		5a. Capital Contributions as Shown on record. \$100.00 5b. Amount of Capital Contributions In FLORIDA to date:	
Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 1002 MIAMI FL 33133		Principal Office Address 2665 SOUTH BAYSHORE DRIVE, SUITE 1002 MIAMI FL 33133		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) _____ 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) W/B OMNI CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2665 SOUTH BAYSHORE D	11b. City, State & Zip Code MIAMI FL 33133	11c. Registration/Document Number P97000081275 
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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 690, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (12/97)