

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 16 AM 10:30

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
1a. DOCUMENT #
A97000002820
AHE VENTURES, LTD.

Mailing Address 4649 Ponce de Leon Blvd. Suite 304 Coral Gables, FL 33146	Principal Office Address 4649 Ponce de Leon Blvd. Suite 304 Coral Gables, FL 33146
2a. Principal Office Address	
2b. Mailing Address	
2c. Suite, Apt. #, etc.	
2d. City & State	
2e. Zip	
2f. Country	

3. Date Formed or Registered 12/23/97	5a. Capital Contributions as Shown on record \$594,000
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date \$594,000
4. State or Country of Formation Florida	
6. FEI Number 65-0805888	<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 Corporation Company of Miami 1500 Miami Center 201 South Biscayne Boulevard Miami, Florida 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code State
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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) AHE VENTURES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4649 Ponce de Leon Blvd.	11b. City, State & Zip Code Coral Gables, FL 33146	11c. Registration/Document Number P97000099922
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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 620, Florida Statutes.

SIGNATURE By: Maria R. Millares Secretary DATE 1-27-98
AHE VENTURES, INC. (305) 662-9649

CR2E003 (6/97)