ACCOUNT NO.   :   072100000032

REFERENCE   :   708063   4352702

AUTHORIZATION   :

COST LIMIT   : $ PPD

ORDER DATE :   February 16, 1998

ORDER TIME :   3:28 PM

ORDER NO.   :   708063-010

CUSTOMER NO: 4352702

CUSTOMER: Ms. Jennifer Lukas
           Williams Parker Harrison Dietz
           200 South Orange Avenue

           Sarasota, FL 34236

8000024321168----1
-02/17/98--01002--011
***1610.00 ***1610.00

DOMESTIC AMENDMENT FILING

NAME: AMALFI WEST, LTD.

A97-2831

Name Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifyer	

246

EFFICTIVE DATE:

XX   ARTICLES OF AMENDMENT
____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX   _____ CERTIFIED COPY
      _____ PLAIN STAMPED COPY
      _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Brenda Phillips
                        EXAMINER'S INITIALS:

RECEIVED 98 FEB 16 PM 4:16 DIVISION OF CORPORATION

FILED 98 FEB 16 PM 4:30 SECRETARY OF STATE TALLAHASSEE FLORIDA

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA
COUNTY OF SARASOTA

BEFORE ME, the undersigned authority, personally appeared , Maria DeSanto, as President of MDS Holdings, Inc., a Florida corporation, which is the General Partner of Amalfi West, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership" who, upon first being duly sworn, certified as follows, pursuant to Chapter 620.108, Florida Statutes:

The total amount of the capital contributions to the Partnership by the Limited Partners is $250,000.

FURTHER AFFIANT SAYETH NAUGHT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.
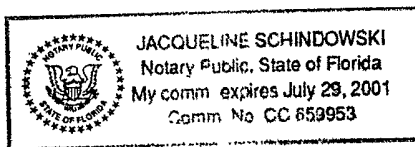
MDS Holdings, Inc., a Florida corporation

By: _____
Maria DeSanto, President
"General Partner"

SWORN TO AND SUBSCRIBED before me this _____ day of January 1998 by MARIA DESANTO, who is personally known to me or who has produced _____ as identification. If no type of identification is indicated, the above-named person is personally known to me.

_____
Signature of Notary Public

(Notary Seal)

_____
Print Name of Notary Public

I am a Notary Public of the State of Florida, and my commission expires on 7/29/01

JENNIFER L-305816.1

FILED 99 FEB 15 PM 4: 30 SECRETARY OF STATE FLORIDA