



FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 26 PM 12:41 TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership C-MAX CAPITAL LIMITED PARTNERSHIP-I		1a. DOCUMENT # A98000000929			
Mailing Address 6126 PARADISE POINT DRIVE MIAMI FL 33157		Principal Office Address 6126 PARADISE POINT DRIVE MIAMI FL 33157		3. Date Formed or Registered 04/15/1998	
2. Mailing Address 2950 S.W. 27th AVE SUITE 110 MIAMI, FL 33133 USA		2a. Principal Office Address 2950 S.W. 27th AVE. SUITE 110 MIAMI, FL 33133 USA		3a. Date of Last Report 5a. Capital Contributions as Shown on record \$4,000,000.00	
				4. State or Country of Formation FL	
				5b. Amount of Capital Contributions in FLORIDA to date 6. FEI Number 65-0831360 <input type="checkbox"/> Applied For <input 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 WATSON, MARC M 6126 PARADISE POINT DRIVE MIAMI FL 33157				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip 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 _____					
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) C-MAX CAPITAL CORPORATION		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6126 PARADISE POINT D		11b. City, State & Zip Code MIAMI FL 33157	
				11c. Registration/Document Number P98000034390	
				8000002734988-4 -03/04/99--01090--010 ****526.25 ****526.25	
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 <i>Marc M. Watson</i> , Pres. C/max Capital Corp DATE 2/16/99 Typed or Printed Name of General Partner Signing Form MARC M. WATSON Daytime Telephone Number 305-567-0065 EXT 225					

CR2E003 (12/98)