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

1. Name of Limited Partnership

DOCUMENT # A98000001132

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בעוד העלון עומות עסטות העומות העומע ונועס ולועס ולועס ולועס ולועס ולועס ולועס ולועות העומו וועלעלו ו

HAWN ACQUISITION, LTD.		1102	199841941941951	1811 1817 1816 1816 1816 1816 1816 1816 1816 1816 1816 1816 1816 1816 1816 181		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record		
C/O ABC DISTRIBUTING, INC. 14445 N.E. 20TH LANE NORTH MIAMI FL 33181 C/O ABC DISTRIBUTING 14445 N.E. 20TH LANE NORTH MIAMI FL 33181			05/07/1998 3a. Date of Last Report	\$995.00		
NOTITE MANUEL E GOTO	HOTTI WILLIAM TE GOTOT			5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		
City & State	ite City & State		65-083353	/ Not Applicable		
Zip Country	Zip Cauntry		7. Certificate of Status Desired 8. Make check payable to Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee informations)		
9. Name and Address of Current Re	enistered Agent		10. If changed, new Registered /			
! ANGELO, THOMAS P	States on Wilder	Namo				
C/O ECKERT SEAMANS CHERIN & MELLO	TT, LC Street Addre		ess (P.O. Box Number Is Not Acceptable)			
\$ 450 EAST LAS OLAS BLVD., SUITE 800		Suite, Apt #, etc		etc		
FORT LAUDERDALE FL 33301	City		Et Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regisegent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	stered agent, or both, in the State of Florid section 620 192, Florida Statutes S A CORPORATION, I BE REGISTERED AN	IMITEL D ACTI	ge was authorized by its general partner(s). I herob DATE	y accept the appointment of registered		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	11c. Registration/ Document Number		
HAWN ACQUISITION, INC.	14445 N.E. 20TH LANE		NORTH MIAMI FL 33181	P98000041426		
			44,25,999	/9901060002 41.25 ****141.25		
Note: General partners MAY NOT b	e changed on this form	; an am	endment must be filed to cha	nge a general partner.		

12. Ido 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 Trelease the Division of Corporations Too nervoy cerus mature information supplied with his ming is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes Trelease 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 520, Florida Statutes.

SIGNATURE

MIKE NUNEZ Typed or Printed Name of General Partner Signing Form