

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 24 PM 3:08

1. Name of Limited Partnership NITRAM PARTNERS, LTD.	1a. DOCUMENT # A98000001195
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Mailing Address BRISTOL TOWER 2127 BRICKELL AVENUE, PENTHOUSE 3602 MIAMI FL 33129	Principal Office Address BRISTOL TOWER 2127 BRICKELL AVENUE, PENTHOUSE 3602 MIAMI FL 33129
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 05/13/1998	5a. Capital Contributions as Shown on record \$3,000,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions In FLORIDA to date
4. State or Country of Formation FL	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	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent M & W AGENTS, INC. 9100 S. DADELAND BLVD., SUITE 1707 MIAMI FL 33156-7819

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.**

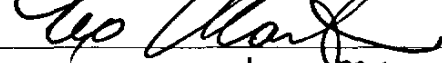
11. Name(s) of General Partner(s) NITRAM HOLDINGS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2127 BRICKELL AVE., P	11b. City, State & Zip Code MIAMI FL 33129	11c. Registration/ Document Number P97000073872
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2/24/99

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  Typed or Printed Name of General Partner Signing Form LEO MARTIN	DATE 12-24-98 Daytime Telephone Number 305-576-3600
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CR2E003 (8/98)