	OF LICED AFF INQUINOCHE INQ BELOKE C	OMPLET
LIMITED PARTNERSHIP REINSTATEMEN	FLORIDA DEPARTNIENT OF STATE S B CONSTRUCTIONS	03
OCUMENT # Name of Limited Partnership	A98000001303	

FILED 01 MAY -4 AM II: 32

			<u> </u>		SECRETARY		02	
DOCUMENT # A9800001303					SECRETARY OF STATE TALLAHASSEE, FEORIDA			
Cuenca Sun Centre, LTD					•			
		Ý	1/29/00					
2. Principal Office Address		3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida 05-26-1998			
c/o Samuel Cuenca		c/o Sam Cuenca						
Suite, Apt. #, etc. 325 Center Island		Suite, Apt. #, etc. 325 Center Island			<b>5.</b> FEI Number 65-0844728		Applied For Not Applicable	
City & State		City & State			CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
Golden Be	ach, Fl.	Golden Beach	, FL	<b> </b> -	7	_#	į.	
`	ountry	Zip	Country		7a. Capital Contributions as shown o 0.00	n Record:	j	
33160 M	iami-Dade	33160	Miami-Dade		7b. Amount of Capital Contributions in FLORIDA to date:			
8.	Name and Address of	Current Registered Agen	t					
Street Address (P.O. Box Number is Not Acceptable)  325 Center Island Suite, Apt. #, Etc.  City Golden Beach, FL State Zip Coce 33160					1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.			
for the purpose of changing i	ts registered office or registraccept the obligations of se	192, Florida Statutes, the above pred agent or both, in the State entrof 620.192, Florida Statutes.	o Florida. Such change	was authori	d or registered under the laws of the State zed by its general partner(s). I hereby acc	ept the app	submits this statement continent of registered	
A GENERAL PAI					NERSHIP OR OTHER TH THIS OFFICE.	BUSIN	IESS ENTITY	
10. Name(s) of General	Partner(s)	Address of Each (Do NOT Use Post O			City, State and Zip Code	10a.	Registration Document Number	
Cuenca Su	n Centre,In	nc. 325 Cente	er Island	Gol	den Beach,Fl 331	l	8000046745	
Anm-	1,000,00		ar.		1000043 -05/25/0 ***1282	:228 )101	1	
AR	•	P.CA	CTATES	ACM	T2000-20	/) r	****1COC.30 <b>U</b>	
ANZJUPP	177.50	S Manual &	es arca suly	<b>BL-3 V</b>	2000:20	0	1 2	
	1,282-50			(	(PR)			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

trustee e npowered to execute this report as required by chapter 620. Florida Statutes

I do here:by certify that the information supplied with this filling is voluntarily furnished at a does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event at the informatior 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 leval effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or

SIGNATURE

Typed or Printed Name of General-Orgning Form

Samuel Cuenca

PRRS.

Telephone Number 305-510-8562