

FILE 'UN 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  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 30 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

PALM BEACH TRADE CENTER, LTD.

1a. DOCUMENT #

A98000002689

99-AR

Mailing Address

c/o LARREA & ORTEGA  
2300 Coral Way Suite 111  
Miami, Florida 33145

Principal Office Address

c/o S&K Property Man.  
1717 N. Bayshore Drive  
Miami, FL 33132

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

12-7-98

3a. Date of Last Report

N/A

4. State or Country of Formation

Florida

6. FEI Number

Applied For

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as  
Shown on record.

2,000,000

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2,000,000

☒ Applied For  
☐ Not Applicable

☒ \$8.75 Additional  
Fee Required

9. Name and Address of Current Registered Agent

DADE CORPORATE SERVICES, INC.  
2300 Coral Way  
Suite 103  
Miami, Florida 33145

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)

*Josiah Williams, Pres.*

DATE 12/29/98

**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)

ALLCONCEPT, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

c/o 1717 N. Bayshore Dr

11b. City State & Zip Code

Miami, Florida

11c. Registration/  
Document Number

M97775

600002727206--5

**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

*Amador Lopez-Cantera, Vice-Pres*

DATE 12-28-98

Typed or Printed Name of General Partner Signing Form

AMADOR LOPEZ-CANTERA

Daytime Telephone Number 3058541040

CR2E003 (8/98)

A 98 00000 2689



ACCOUNT NO. : 072100000032

REFERENCE : 083322 7139083

AUTHORIZATION :

COST LIMIT : \$ 535.00

*Patricia Pignatelli*

ORDER DATE : December 30, 1998

ORDER TIME : 2:41 PM

ORDER NO. : 083322-005

CUSTOMER NO: 7139083

CUSTOMER: Linda Larrea, Esq  
Larrea & Ortega  
Suite 111  
2300 Coral Way  
Miami, FL 33145

FILED  
98 DEC 30 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: PALM BEACH TRADE CENTER, LTD

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cassandra Lamm

EXAMINER'S INITIALS: \_\_\_\_\_

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