	EACE DEAD	ALL	INSTRUCTIONS	DEEADE AAMD!	ETING THIS	
_	CASE REAL		114.7 12.11. 13.114.7	DEEL 1835 LA NVIEL		E CONTROL

PLEASE READ A	LL INSTRUCTIONS BEFORE	OMPLETING THIS FO	IZIAI.					
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 01 JUN 28 AM 8:	4					
DOCUMENT # MARI 1. Name of Limited Partnership 10 30	o SOPENA LTD D WASHINGTON ST	SECRETARY OF STATE TALLAHASSEE, FLORID	*/ A					
lto1	14 word +1 33019							
2. Principal Office Address 1030 WASHIWSTON 5	3. Mailing Office Address Samo	4. Date Formed or Registered To Do Business in Florida	12/30/98					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Not Applicable \$8.75 Additional Fee required					
tollyword FL	City & State	7a. Capital Contributions as shown of	for a Certificate of Status					
33019 Country USA	Zip Country	76. Capital Contributions as shown of 75. O CO - U C						
8. Name and Address of C	Current Registered Agent	13,000.0	Õ					
Name MARIO SOF Street Address (P.O. Box Number is Not Acceptable)	INSton St	FEE: 1.) Filing Fee(s): Computed at a rate of in 7b, with a minimum filing fee of \$5 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each	77 per \$1,000 on amount entered 2.50 and a maximum of \$437.50,					
Suite, Apt. #, Etc.	U ·	with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for	ach yeer report form is delinquent.					
CHY Hollywood	State Zip Code	Note: If the amount entered in 7b is 7a, a supplemental affidavit must be and appropriate filing fee.	reater than amount emered in submitted along with a separate					
9- Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statute, the above/harned 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)	/ (X 10000	DATE	6-26-01					
	FA-CORPORATION, LIMITED PAR BE REGISTERED AND ACTIVE W		BUSINESS ENTITY					
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City. State and Zip Code	10a. Registration Document Number					
MARIO SOPENA	1030 WASHING FON ST	Hollyword Fl	A9800002908					
		000004 -07/11 *****5	4695302 /0101059016 /9.75 ****579.79					
·			·					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
1 to hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this ennual report is true and accurate any first my signature shall have the same legal effects as it made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as regulated by chapter 620, Florida Statutes.								
SIGNATURE /// ///	1111112-	DATE	1-1-26/0/					
Typed or Printed Name of General Partner Signing Form	MARIO SOPENA	Talephone Number	54-605-6940					