

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
 REVOCATION AND \$500 PENALTY FEE

FILED

98 MAR 20 AM 11:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Bandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP  
 ANNUAL REPORT  
**1998**

1. Name of Limited Partnership

1a. DOCUMENT #  
**B95000000287**

**VESTRUST SECURITIES L.P., LIMITED PARTNERSHIP**



Mailing Address

Principal Office Address

2400 FIRST UNION FINANCIAL CENTER  
 200 SOUTH BISCAYNE BLVD.  
 MIAMI FL 33131-2339

200 S. BISCAYNE BLVD., #2400  
 MIAMI FL 33131

3. Date Formed or Registered

08/09/1995

5a. Capital Contributions as  
 Shown on record.

\$25,343.69

3a. Date of Last Report

01/21/1997

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

\$ 630,000

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0594506

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET, SUITE 105  
 TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FF \$526.25  
 300002462893-2  
 -03/20/98--01014--003  
 \*\*\*\*\*526.25 \*\*\*\*\*526.25  
 FL

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)

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

11b. City, State & Zip Code

11c. Registration/  
 Document Number

VESTRUST SECURITIES INC.

200 S. BISCAYNE BLVD.

MIAMI FL 33131

S30241

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

DATE

Typed or Printed Name of General Partner Signing Form

JACOBO GADOLA MARIA PRES.

Daytime Telephone Number

305-995-5050

CR2E003 (12/97)