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APPLICATION FOR	FLORIDA DEPART	MENT OF STATE		
		state DR DRATION	SECRETA DIVISION OF	ILED Ry of state Corporations
DOCUMENT # 8 95-000	000279		97 SEP	5 PM 1:55
1. Name of Limited Partnership	-			
CORPORATE BUIL	DEXS LID.			
2. Mailing Address	3. Principal Office Address		DO NOT WRi  4. Date Formed or Registered	TE IN THIS SPACE.
	Suite Apt # etc	HILL M	To Do Business in Florida 5. FEI Number	10-27-95- Applied For
909 City & State	909 City & State		13-3840	
WEST PALM SEAGH A	Z WEST PHIM Zip Counter	ちきの・りょう	6. CERTIFICATE OF STATUS DES	58 75 Additional Fee retuined
33401 USA	33401	USA	7. State or Country of Formation	NEW YORK
8a. Capital Contributions as Shown on Record	FEES:1.) Filing Fee(s): Comput \$437.50, for each year		0 on amount entered in 8b, with a mini	mum filing fee of \$52.50 and a maximum of
8b. Amount of Capital Contributions in FLORIDA to date	<ul> <li>2) Supplemental Fee(s):</li> <li>3.) Penalty Fee(s): \$500</li> </ul>	\$103.75 for <u>each year due</u> penalty fee for <u>each year re</u>		-
	Note: If the amount entered in 8b i appropriate filing fee.	s greater than amount enter	ed in 8a, a supplemental affidavit musi	be submitted along with a separate and
9. Name and Address of Current Registered Agent		10. If changed, new registered agent/office Name		
ERNEST CHU		Streel Address (P.O. Bo	x Number Is Not Acceptable}	· · · · · · · · · · · · · · · · · · ·
777 S. FLALL	K UR. Sog Suite, Apl #, etc.			
WEST PAIN BEDUBY23		City FL Zip Code		
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or re-				e State of Florida, submits this statement
agent. I am famikar with, and accept the obligations				
SIGNATURE (Registered Agent Accepting Appointment)	Unstal			( 9/12/97
A GENERAL PARTNER THAT I MUST	BE REGISTERED AN	D ACTIVE WIT	H THIS OFFICE.	R BUSINESS ENTITY
11. Names of Generel Parlner(s)	Address of Each General Pa (Do NOT Use Post Office Box N		City, State and Zip Code	11a. Registration Document Number
B OF MAN YORK, LID.	777 So. JZAH	DOR WES	7 PALA SERW, PL	89600000003?
, ,	SUITE # 909		EDDDD	2948362
			-09/16	/9701099002
		REINCT	**************************************	97-98
		• • • • • • • • • • • • • • • • • • •	ATEMENT	9-1-98
			Ч	4-15
Note: General partners MAY NOT	be changed on this form	; an amendmer	it must be filed to cha	nge a general partner.
2. I do hereby certify that the information supplied with the exportations from any liability of non-compliance with 9 this innual report is true and accurate and that my sign empowered to execute this sport as required by chap	s filing is voluntarily furnished and does not Section 119.07(3)(k) in the event that the inf lature shall have the same legal effects as i	quality for the exemption s ormation supplied is deem	tated in Section 119.07(3)(k), Florida ad exempt from public access 1 furthe	Statutes. I release the Division of er certify that the information indicated on
SIGNATURE + The set (	70 -		DATE \	9/12/8>
yped or Printed Name of General Partner Signing Form	RMIST CHU	/	Telephone Number	51-852-5-06