FILE ON 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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED	
1. Name of Limited Partnership	1a. DOCUMENT # A32052		99 FEB 23 PN 1: 16 SECHETART OF STATE TALLAHASSEE, FLORIDA	
S.P. HOLDINGS USA, LTD.			THE STATE OF THE S	14
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
701 BRICKELL AVENUE. SUITE 850 MIAMI FL 33131	701 BRICKELL AVENUE. SUITE 850 MIAMI FL 33131		10/02/1991 3a. Date of Last Report 02/26/1998	\$100,000.00 5b. Amount of Capital
2	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address			FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number NOT APPLICABLE	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Zip Country	Zip Country			Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent Name		Name	10, If changed, new Registered Agent/Office	
SULLIVAN, JOHN S. C/O PRS INTERNATIONAL Street A.		Street Address (P.O	Box Number Is Not Acceptable)	
		Sulte, Apt #, etc		
MIAMI, FL FL 33131	Crty		-03/03/3901059012 ***2396. 25 * *****1 58.75	
10a. Pursuant to the provisions of sections 620.1051 and 6	i20 192. Florida Statutes, the above-name	limited partnership org		
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	istered agent, or both, In the State of Florid			
SIGNATURE (Registered Agent Accepting Appointment)	C A COPPODATION I			D DUOINEOG ENTITY
A GENERAL PARTNER THAT IS MUST	BE REGISTERED ANI			K BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General		City, State & Zip Code	11c. Registration/ Document Number
KINGSTOWN INVESTMENTS, INC.	701 BRICKELL AVE, SUI		IAMI FL 33131	P95000051599
	421	99		158.15
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). Fiorida 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 2/9/59 Typed or Printed Name of General Partner Signing Form ANN KREIS Daytime Telephone Number (305)381-8340				
Typed or Printed Name of General Partner Signing Form ANN KREIS Daytime Telephone Number (305)381-8340				

....