Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

## ... FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000010456

1. Corporation Name

THE PARTNERS FINANCIAL GR		
Principal Place of Business	Mailing Address	E 18841886 II BIRLING BIRLING BOILE SI
1401 BRICKELL AVE STE 400 MIAMI FL 33131	1401 BRICKELL AVE., STE 400 MIAMI FL 33131	
,		DO NOT WRI
		3. Date Incorporated or Qualifed
		02/10/1993
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	65-0385334
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired
22	27	
City & State	City & State	6. Election Campaign Financing
23	28	Trust Fund Contribution
Zip Country	Zip Country	8. This corporation owes the curr
24 25	29 30	Personal Property Tax.
9. Name and Address of C	urrent Registered Agent	10. Name and Address of New I

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90005 023 \*\*\*158.75

DO NOT WRITE IN THIS SPACE

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∠ip	Country	Zip	Country		8. Inisc	corporation owes t	ne current year inte		ا مہ		
24	25	29 30	30		1	nal Property Tax.		Yes	XNo		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
			81	Name					Į		
CASTILLO, ALVARO B ESO			82	82 Street Address (P.O. Box Number is Not Acceptable)							
1390 BRICKELL AVENUE			"-	0.,000,							
SUITE 200			83		1 1107						
MIAMI FL 33131									<u> </u>		
			84	City			FL	85   Zip	Code		
44. December 15 continue of Scotles 2007 0503 and 607 1508. Elected Statutes the above gamed corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.											
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.											
SIGNATURE Registered Agent signature required when reinstating)  DATE											
12.	Eggliate, apoc o prince		13.	TIPEOTORO NI AC					ORS IN 12		
TITLE	PST	☐ DELETE	1.1 TITLE			•		Change	☐ Addition		
NAME	HERNANDEZ, OILDA	1.2 N									
STREET ADDRESS	1401 BRICKELL AVE., STE 400		1.3 STREET	ADDRESS							
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-S	r-ZIP		•					
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition		
NAME	FARIAS, FRANCISCO J		2.2 NAME								
STREET ADDRESS	1401-BRICKELL AVE., STE 400	•	2.3 STREET ADDRESS		_				- [		
CITY-ST-ZIP	MIAMI FL 33131		2.4 CITY-S	T-ZIP							
TITLE		☐ DELETE	3.1 TITLE	iRector	Jose E.	GARATO	N	Change	Addition		
NAME			3.2 NAME		1401 BR	ickell Av	N e, ste 40 131	0			
STREET ADDRESS			3.3 STREET	ADDRESS	Alimai	Cl 32	, 1.122. j				
CITY-ST-ZIP			3.4. CITY-S	T-ZIP	PURMU	, 10 00	121				
TITLE	<u>.</u> .	☐ DELETE	4.1 TITLE					☐ Change	Addition		
NAME			4.2 NAME								
STREET ADDRESS			4.3 STREET	ADDRESS					j		
CITY-ST-ZIP			4.4 CITY-S	r-zip					D Addition		
TITLE		☐ DELETE	5.1 TITLE					Change	Addition		
NAME	· :		5.2 NAME								
STREET ADDRESS			5.3 STREET					•			
CITY-ST-ZIP 1			5.4 CITY-S	T-ZIP				Chart	Addition		
TITLE 5/3,	t far	☐ OELETE	6.1 TITLE					Change	Addition		
NAME	Statistics of the contract of		6.2 NAME								
STREET ADDRESS	the most and the		6.3 STREET	į							
CITY-ST-ZIP			6.4 CITY-S	r-zip							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied with an address, it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.