

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

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FILED

97 DEC 17 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 96000079746  
1. Corporation Name  
**Partners Med International Inc.**

Principal Place of Business  
**2823 N.W. 30 CT  
FT LAUDERDALE  
FLORIDA 33311.**

Mailing Address

2. Principal Place of Business	2a. Mailing Address
21 <b>2809 DIXIE HWY</b>	26 <b>2309 DIXIE HWY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>WILTON MANORS</b>	28 <b>WILTON MANORS</b>
Zip	Zip
24 <b>33305</b>	29 <b>33305</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

3. Date Incorporated or Qualified <b>9-25-96</b>	3a. Date of Last Report <b>N/A</b>
4. FII Number <b>113-52-3635</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Patrick Thompson  
4171 NW. 52 Ave  
Lauderdale Lakes 33319**

10. Name and Address of New Registered Agent
81 Name <b>Patrick Thompson</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4171 NW. 52 Ave</b>
83 <b>LAUDERDALE Lakes</b>
84 City
85 Zip Code <b>FL 33319</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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.

SIGNATURE		DATE	
Signature typed or printed name of registered agent and box if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>Director</b>	<b>Patrick Thompson</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>4171 NW. 52 Ave</b>		
CITY-ST-ZIP	<b>LAUDERDALE Lakes 33319</b>		
TITLE	NAME	200002378002 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<b>-12/19/97--01085--016</b>	
		<b>****165.00 ****165.00</b>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do 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 supplemental annual report 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.

SIGNATURE: **Patrick C. Thompson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/97  
366-9438  
(954) 566-2848

CR2E034 (9/96)

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**PARTNERS MED. INTERNATIONAL INC.**

2309 DIXIE HIGHWAY  
WILTON MANORS, FL 33305  
(954) 566-2848 FAX (954) 566-3204

November 26, 1997

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Reference Number: P96000079746

TO WHOM IT MAY CONCERN

Due to a recent change of address, my letters were not forwarded regularly so I did not receive my Annual Report Form on time. This resulted in my returning the application at the time which it was received by you.

I would greatly appreciate it if you would take this into consideration. I apologize for any inconvenience that this may have caused your Department.

Sincerely,



Patrick Thompson  
President