**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

**APPROVED AND FILED**

94 JUL -6 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
**1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
**STRATEGIC PARTNERS, INC.**

DOCUMENT #
**V04205 (3)**

Mailing Address
**104 CRANDON BLVD.**
**SUITE 422**
**KEY BISCAYNE FL 33149**

Principal Place of Business
**104 CRANDON BLVD.**
**SUITE 422**
**KEY BISCAYNE FL 33149**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1991**

3a. Date of Last Report: **05/24/1993**

2. Mailing Address (21)

2a. Principal Place of Business (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: **65-0301661** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: **$8.75 Additional Fee Required** ☐

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

**GUTIERREZ, RENALDY**
~~**799 BRICKELL PLAZA #900**~~
~~**MIAMI FL 33131-2908**~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
601 Brickell Key Drive

83
Suite 501

84 City
Miami

FL

85 Zip Code
33131-2651

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 6/30/94
(If changing Agent Accepting Appointment) (NOTE: Appointed Agent's signature required when mandatory)

| 12. OFFICERS AND DIRECTORS | | 13. CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 11 TITLE | D | 11 TITLE | |
| 12 NAME | TOMSON, JOHN R. | 12 NAME | |
| 13 STREET ADDRESS | 104 CRANDON BLVD #422 | 13 STREET ADDRESS | |
| 14 CITY ST ZIP | KEY BISCAYNE FL | 14 CITY ST ZIP | |
| 21 TITLE | D | 21 TITLE | |
| 22 NAME | THOMSON, MARIA I. | 22 NAME | |
| 23 STREET ADDRESS | 104 CRANDON BLVD #422 | 23 STREET ADDRESS | |
| 24 CITY ST ZIP | KEY BISCAYNE FL | 24 CITY ST ZIP | |
| 31 TITLE | S | 31 TITLE | |
| 32 NAME | GUTIERREZ, RENALDY J. | 32 NAME | |
| 33 STREET ADDRESS | ~~799 BRICKELL PLAZA #900~~ | 33 STREET ADDRESS | 601 Brickell Key Drive, Ste. 501 |
| 34 CITY ST ZIP | ~~MIAMI FL~~ | 34 CITY ST ZIP | Miami, Florida 33131-2651 |
| 41 TITLE | | 41 TITLE | |
| 42 NAME | | 42 NAME | |
| 43 STREET ADDRESS | | 43 STREET ADDRESS | |
| 44 CITY ST ZIP | | 44 CITY ST ZIP | |
| 51 TITLE | | 51 TITLE | |
| 52 NAME | | 52 NAME | |
| 53 STREET ADDRESS | | 53 STREET ADDRESS | |
| 54 CITY ST ZIP | | 54 CITY ST ZIP | |
| 61 TITLE | | 61 TITLE | |
| 62 NAME | | 62 NAME | |
| 63 STREET ADDRESS | | 63 STREET ADDRESS | |
| 64 CITY ST ZIP | | 64 CITY ST ZIP | |

14. 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)(i), Florida Statutes. I authorize the Division of Corporations to cite any inability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 1, 2 or Block 11 if changed, or on an attachment with an address.

**SIGNATURE:** [signature] Renaldy J. Gutierrez 6/30/94 (305) 577-4500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #