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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04205 (3)

1. Corporation Name
STRATEGIC PARTNERS CORPORATION

Principal Place of Business	Mailing Address
104 CRANDON BLVD. SUITE 311A KEY BISCAYNE FL 33149 US	104 CRANDON BLVD. SUITE 311A KEY BISCAYNE FL 33149-1526 US

3. Date Incorporated or Qualified: 12/30/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 881 Ocean Dr.	26 881 Ocean Dr
Suite, Apt. #, etc. 22 8G	Suite, Apt. #, etc. 27 8G
City & State 23 Key Biscayne Fl	City & State 28 Key Biscayne, Fl
Zip 24 33149	Zip 29 33149
Country 25 DADE	Country 30 DADE

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

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
601 BRICKELL KEY DRIVE
SUITE 501
MIAMI FL 33131-2651

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMSON, JOHN R		1.2 NAME	
STREET ADDRESS	104 CRANDON BLVD 311A		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMSON, MARIA I.		2.2 NAME	
STREET ADDRESS	104 CRANDON BLVD 311A		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GUTIERREZ, RENALDY J.		3.2 NAME	
STREET ADDRESS	601 BRICKELL KEY DRIVE, SUITE 501		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131-2651		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] MARIA I THOMSON Date 4/15/97 /305 3610788