SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90014 029 ****61.25

0004704

DOCUMENT # N50230

1. Corporation Name

DISTRICT FOUR, INC.

Principal Place of Business	Mailing Address
6401 SW 87 AVE STE 204 MIAMI FL 33173 US	6401 SW 87 AVE STE 204 MIAMI FL 33173 US

2. Principal Place of Business — 2a. Mailing Address

Suite, Apt. #, etc. — Suite, Apt. #, etc.

City & State — City & State

Zip — Country — Zip — Country

3. Date Incorporated or Qualifed: 07/29/1992

4. FEI Number: 65-0349921 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

CARNEY, JERRY
6401 S.W. 87 AVE., SUITE 204
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	OVP	☒ Change ☐ Addition
NAME	HOGAN, NANCY		1.2 NAME	Jorge L. Cantero	
STREET ADDRESS	1500 SAN REMO AVENUE, SUITE 110		1.3 STREET ADDRESS	6884 N.W. 189 St.	
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP	Miami Fl. 33015	
TITLE	VPD	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	BYRNE, THOMAS		2.2 NAME	Guy L. Trusty	
STREET ADDRESS	2050 CORAL WAY		2.3 STREET ADDRESS	801 Brickell Ave. 9th Floor	
CITY-ST-ZIP	MIAMI FL 33145		2.4 CITY-ST-ZIP	Miami, Fl. 33131	
TITLE	D	☐ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	PUIG, AL JR		3.2 NAME	Walter G. Earnest, Jr.	
STREET ADDRESS	245 ALCAZAR AVENUE		3.3 STREET ADDRESS	1526 Ponce de Leon Blvd	
CITY-ST-ZIP	CORAL GABLES FL 33134		3.4. CITY-ST-ZIP	Coral Gables, Fl. 33134	
TITLE	D S	☐ DELETE	4.1 TITLE	~~DS~~ DS	☒ Change ☐ Addition
NAME	LEVINE, MAUREEN		4. 2 NAME	Maureen Levine	
STREET ADDRESS	1680 MICHIGAN AVE. #100		4.3 STREET ADDRESS	2050 Coral Way	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	Miami, Fl. 33145	
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		

CR2E037 (5/99)

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 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 617, 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.

SIGNATURE: ~~Maureen Levine~~ SIGNATURE REQUIRED Maureen Levine 7/7/99 305 854-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #