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

PROFIT ELORIDA DEPARTMENT DE STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 JAN 22 PM 12: 40 DOCUMENT # P97000048726 (8) SECRETARY OF STATE TALLAHASSEE. FLORIDA FUTURE PROJECTS III CORP. Mailing Address Principal Place of Business 1428 BRICKELL AVE 1428 BRICKELL AVE 8TH FLASOR MIAMI FLAS3131 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/03/1997 Principal Place of Business 7695 SW / 2a. Mailing Address Applied For SAM 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Name and Address of Current Registered Agent 24 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent LITTMAN, EBIC P 1428-BBICKELL AVE 82 Street Address (P.O. Box Number is Not Acceptable) BTHLP(OOR 83 MIÁMI FL 33731 84 City octions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered continuous of Section 607.0505, Florida Statutes. 11. Pursuant to the provisions office or registered age agent. I am familiar with Signature, typed or printed nar ne of registered agent and title if applicable (NOTE: Bogistered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **PSTD** DELETE Change TITLE 1.1 TITLE LITTMAN, ERIC P NAME 1.2 NAME 1428 BRICKELL AVE, 8TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 1.4 City-ST-ZIP DELETE 2.1 TITLE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP 500002408975 -01/22/98--01065 DELETE TITLE 3.1 TITLE NAME 3.2 NAME ***6150.00 ****150.00 STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. D(TY-ST-Z)P DELETE Addition Channe TITLE **4.1 TITLE** 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-S1-ZIP Change DELETE Addition TITLE 61 TITLE NAME **6.2 NAME** STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Nurther 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 an an address. 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.

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