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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9700060062

1. Corporation Nam AUGUST PR  Principal Place of Br 7695 SW 104 STREET MIAMI FL 33156	OJECT IV CORP.	Mailing Address 7695 SW 104 STREET. SUITI	E 210		CREDING OF STA	
LITTMAN, 7695 SW MIAMI FL	Country  [25]  Name and Address of Current I  ERIC P  104 STREET, SUITE 210  33158	Registered Agent	83 84 City	07/10/19 4. FEL Number APPLIED 5. Certificate of Election Carriest Fund 8. This corpor Personal P 10. Name and re et Address (P.O. Box Nur	or D FOR  of Status Desired [ ]  nupaign Financing [ ]  Contribution ration owes the current year roperty Tax  Address of New Register ruber is Not Acceptable)	Applied For Not Applied For Not Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Intangible [   Yes
office or register agent. I am fam SIGNATURE	provisions of Sections 607.0502 ired agent, or both, in the State of illiar with, and accept the obligation, it is possible to the provision of the provision of the state of	Florida: Such change was aut ns of, Section 607.0505, Florid	horized by the co fa Statutes.	ed corporation submits to irporation's board of direc is reached when receiving	is statement for the purpose lors. I hereby accept the ap DATE	e of changing its registered appointment as registered
STREET ADDRESS 769	OFFICERS AND TMAN, ERIC P 5 SW 104 STREET, SUITE 21 MI FL 33156	[] DELETE	13. 11THLE 12 NAME 13 STREET ADDRES 14 CH5-SI-ZE		CHANGES TO OFFICERS	AND DIRECTORS IN 12  [ ] Change
CHY-ST-ZIP MIA TITLE NAME STREET ADDRESS		[] DELETE	21 TITLE 22 NAME 23 STREET ADDRES	ss		[   Change
CITY-ST-ZIP TITLE NAME		[] DELÉTE	2-4 CHY-ST-ZiP 3-1 TiTLE 3-2 NAME	5	0000281	5745 - 1745 -01083-006
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		[.] DELETE	33 STREET ADDRES 34 CITY-ST-ZIP 41 TITLE 4 2 NAME 43 STREET ADDRES		***1500.0	[] ****150.00
CITY-ST-ZIP TITLE NAME			4.4 C/TY-SI- <i>ZH</i> * 5.1 TITLE 5.2 NAME			[ˈˈ] Change [ˈˈ] Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		[] beceie	53 STREET ACHRES 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRES			[]Change

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 eceiver 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

ERICP LITTMAN 2/24/99 305-663-3333