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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 JAN 22 PM 12: 19 DOCUMENT # 1. Corporation Name P97000060063 (9) SECREDARY OF STATE TALI. AHASSEE: FLORIDA AUGUST PROJECT 1 CORP. Mailing Address Principal Place of Business 1428 BRICKELL AVENUE 1428 BRICHELL AVENUE DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMIÆL 33131 3. Date Incorporated or Qualified 07/10/1997 2a. Mailing Address 26 A MQ 2. Principal Place of Business Applied For SW 104 strest 7695 26 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8,75 Additional Certificate of Status Desired Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible 33 Z Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent 81 Name LITTMAN, ERIC P 1428 BRICKELL AVENUE 82 Address (P.O. Box Number is Not Acceptable) 8TH FLOOR W 109 MIAMPFL 3313T 84 City Zip Code 33/16 11. Pursuant to the provisions of Sections 697 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 policy 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 (NOTE: Registered Agent signature required when reinstating) of fogishered agent and title if applicable CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD DELETE Change TITLE 1.1 TITLE LITTMAN, ERIC P 1428 BRICKELL AVENUE 8TH FLOOR 12 NAME STREET ADDRESS 1.3 STREET ADDRESS MIAM FL 38131 CITY-ST-ZIP 1.4 CITY-ST-ZIP 700002408937<sup>\_\_\_\_</sup>6 DELETE TITLE 2.1 TITLE NAME 2.2 NAME -01/22/98--01065--028 \*\*\*6150.00 \*\*\*\*150.0 STREET ADDRESS 2.3 STREET ADDRESS \*\*\*\*150.00 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-ZIP TITLE DELETE 4.1 TO LE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5 1 THILE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

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