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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700060191

1. Corporation Name			SEGRETARY OF STATE		
AUGUST	T PROJECT III CORP.			TATARASEL FL	CRIDA
					IA ONINA ARIAN NIRIA KANDI MARI IDAR
Principal Place	e of Business	Mailing Address		,	
7695 SW 104 STREET. SUITE 210		7695 SW 104 STREET. SUITE 210			
MIAMI FL 3315	6	MIAMI FL 33156		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualifed	0 0.7.02
				07/10/1997	_
2. Principal P	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21		26		APPLIED FOR	Not Applicable
Suite. Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired []	\$8.75 Additional
22		27			Fee Required
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Country	8. This corporation owes the current year h	
24	[25]	1.,	0	Personal Property Tax	[]Yes []No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	d Agent
LITT	MAN, ERIC P		81 Name		
	5 SW 104 STREET, SUITE 210		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	MI FL 33156		В3		
			84 City	Fi	85 Zip Code
	1	r indentalaner i dant.		·	⊋id den i jar jil
Pursuant	to the provisions of Sections 607,0502	rand 607.1508, Florida Statutes	, the above-hamed corp	oration submits this statement for the purpose of	of changing its registered
office or r	to the provisions of Sections 607,0502 registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida. Such change was aut	horized by the corporatic	oration submits this statement for the purpose ones board of directors. I hereby accept the appoints	ointment as registered
office or r agent. I a	registered agent, or both, in the State o am familiar with, and accept the obligati	of Florida, Such change was aut ions of, Section 607.0505, Florid	horized by the corporation la Statutes	on's board of directors. Thereby accept the appe	ointment as registered
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14. hereby certify that the information Supplied with this fifing 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receipter of Novstee 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:

ERIC P. LITTMAN 2/24/99 305-663-3333