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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TIFLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073022 (0)

SEPTEMBER PROJECT IV CORP.

FILED

98 JAN 22 PM 12: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address		3 deninsat sin ratir indes destr dassi datin date sinit date sitte datin state sist indi
7695 S.W. 104TH STREET	7695 S.W. 104TH STREET		
SUITE 210 MIAMI FL 33156	SUITE 210 MIAMI FL 33156		DO NOT WRITE IN THIS SPACE
MIMMI FL 33130	MIAMI PL 33150		3. Date Incorporated or Qualified
			08/22/1997
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22	27		Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28		Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the careed year Intangible
25	29 3	0	Personal Property Tax due June 30, Property Tax due 30, Property Tax du
Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Name Name			
LITIMAN, ENC P		OT INAME	
7695 S.W. 104TH STREET		82 Street Address (P.O. Box Number is Not Acceptable)	
SUITE 210		83	
MIAMI FL 33156 83			
		84 City	85 Zip Code
11. Pursuant to the provisions of Sections 607 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 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 607.0505, Florida Statutes.			
SIGNATURE			
Signature, typed or printed name of inguistical agent a		legistered Agent signature require	
TITLE OPS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME UTTMAN, ERIC P	₹1 orreit	1.1 TITLE	
1		1.2 NAME	4000024089449 -01/22/9801065028
4114141 71 00470		1.3 STREET ADDRESS	***6150.00 ****150.00
CITY-ST-ZIP MIAMI FL 33156	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME		2.1 TITLE 2.2 NAME	Li Gnalige Li Addition
STREET ADDRESS		2.3 STREET AODRESS	ļ
City-St-zip		2.3 STREET AGGRESS 2.4 CITY-SI-ZIP	
TITLE	DELETE	31 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		5.5 STALL THOUSE CO	
		3.4 CHY-ST-ZIP	

64 CITY-S1-ZIP

14. Thereby 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 of instead 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 alternment with a address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY - S1 - ZIP

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

ERICP. LITTMAN

1/8/98 30 6/2222

CR2E034 (10/97)

Addition

Addition

L Change

☐ Change