

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P97000093925
	1 01 0000000000000000000000000000000000

1. Corporation Name

NOVEME	BER PROJECT I CORP.					(1 ATE Ja (1960) (ah (1964) ah ah ah bir hebi
Principal Place 7695 S.W. 104T SUITE 210 MIAMI FL 33150	Mading Address 7695 S.W. 104TH STREET SUITE 210 MIAMI FL 33156			DO NOT WRITE IN THI		
- WINNEY S. WOLV	•				3. Date Incorporated or Qualifed 11/03/1997	
<b>6</b> 5		THE ALL SATINGS AND THE ST			4. FET Number	
·	ace of Business	2a. Mailing Address			APPLIED FOR	Applied For
Suite, Apt.	# oto	Suite, Apl. #, etc			ATTELEDION	Not Applicable \$8.75 Additional
· ·	#, etc				5. Certificate of Status Desired [ ]	Fee Required
City & State	ρ	City & State			6. Efection Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	7ip	Country		8. This corporation owes the current year In	
24	25	29	30		Personal Property Tax	[]Yes []No
• <del>=1</del> 1	9. Name and Address of Curren		·		10. Name and Address of New Registered	1 Agent
	HAN EDIO O		81	Name		
	MAN, ERIC P		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
	S S.W. 104TH STREET		52	Suggi Add	reas (r.s.). Dok Humber (s. Hot Acceptable)	
,	E 210		83			
MIAN	AI FL 33156		84	City		85 Zip Code
			64	City	FI	L 85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	the corporati	poration submits this statement for the purpose coon's board of directors. I hereby accept the appe	of changing its registered pintment as registered
SIGNATURE						
	Signature, typed or printed name of registered ager		. 🕳	t signature require	ed whate per total rigid.	
12.		D DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	SPD	[.l DELETE	1.1 TITUE	}		[]Change []Addition
NAME	TOOL ON AS AT LOTOFFT		1.2 NAME			
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NAME AVECT LEGISCO			33 STREET	*DODGGG		
STREET ADDRESS			3.3 STREET			
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NAME		C / Deci. L	4 2 NAME	-		( )
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i			4.3 STREET			
City-ST-ZiP TITLE	the state of the s		51 TITLE	1-716	[]Change []Add	
NAME		# <b>#</b>	5 2 NAME			
STREET ADDRESS			53 STREET	ADDRESS		
CITY-ST-ZIP			54 CITY-\$	1-20		$\bigcap$
TITLE	1. TR		61 TITLE		[]Change 1CA	
NAME			6.2 NAME			~/L0,79

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. If 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 of 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 changes for on an attachment with an address, with all other like empowered.

6.4 C(1.Y-S\*-Z)P

SIGNATURE:

STREET ADDRESS

ERIC P. LITTMAN

6.3 STREET ADDRESS

2/26/99

FILED

99 MAR 23 PH 3: 45

305-663-3333

CR2E034 (11/98)