

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

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- •	1999	DIVISION OF CO	DRPORATIONS	FILED	
DOCUMENT # P9700093939  1. Corporation Name NOVEMBER PROJECT IV CORP.			99 MMR 23 PH 3: NO		
Principal Place 7695 S.W. 104T SUITE 210 MIAMI FL 33156	'H STREET	Mailing Address 7695 S.W. 104TH STREET SUITE 210 MIAMI FL 33156		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	S SPACE
2. Principal Pi 21 Suite, Apt	ace of Business	2a. Mailing Address 26 Suite Apt #, etc		11/03/1997 4. FELNumber APPLIED FOR	Applied For Not Applicable \$8.75 Additional
City & State		27   City & State   28		Certificate of Status Desired [ ]      Election Campaign Financing	Fee Required \$5,00 May Be Added to Fees
Zip 24	Country  25  9. Name and Address of Current		Country 30	8. This corporation owes the current year In Personal Property Tax 10. Name and Address of New Registered	[]Yes []No
7695 SUIT MIAN 11. Pursuant office or re agent. I are	MAN, ERIC P 5 S.W. 104TH STREET TE 210 All FL 33156 To the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was aut	83  84 City s, the above named corthorized by the corporal	Posses (P.O. Box Number is Not Acceptable)  FL poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	85 Zip Code  I changing its registered sintment as registered
SIGNATURE	Signature, typed or printed came of regree et a jer t OFFICERS ANI		Registered Age: "Septiation to you	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	SPO LITTMAN, ERIC P 7695 S.W. 104TH STREET STE MIAMI FL 33156	[] OTLETE	1 CTITLE 12 NAME 13 STREET ADDRESS		[   Change     Addition   T
CITY-ST-ZIP TITLE NAME STREET ADDRESS	mini 1 C 33130	(_) DELETE	1.4 CHY-S1-ZIP 2.1 THEF 2.2 NAME 2.3 STHEFT ADDRESS		[ ] Change [ ] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	[] DELÉTE	2 4 C/TV-ST-ZIP 31 THLE 32 NAME 33 STREET ADDRESS	40000281: -03/23/99 ***1500.00	5 <b>04,4</b> (1998) -01083003 ) ****150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS		[ ] DEFELE	34 CITY-ST-767 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		[  Change []]Additon
CITY-ST-ZIP TITLE NAME STREET ADDRESS		[] DELETE	44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS		[ ] Change [ ] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		( ] DELETE	54 CITY ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS		[   Change   Chadding
	1		<b>-</b> 1		•

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 passes employee and 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 air address, with all other like empowered.

SIGNATURE: \_

STONATURE AND TYPED ON PRINTED NAME OF SIGNING OF THE GREEK POLITIMAN

2/24/99

305-663-3333 Daylore Phone #