1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000101318

DECEMBER PROJECT II CORP.

Principal Place of Business Mailing Address

99 MAR 23 PH 3: 37

FILED

7695 S.W. 104TH STREET Suite 210 Miami Fl 33156		7695 S.W. 104TH STREET SUITE 210 MIAMI FL 33156		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 12/02/1997	
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address		4. FEI Number	Applied For
21		26			APPLIED FOR	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, 6	Suite, Apt #, etc		5. Certificate of Status Desired []	\$8.75 Additional Fee Required
City & State)	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country [25]	2 ip	Zip Country [30]		This corporation owes the current year Intangible Personal Property Tax [] Yes [] No	
	9. Name and Address of Cu	rrent Registered Agent		[81 Name	10. Name and Address of New Regist	ered Agent
LITTMAN, ERIC P 7695 S.W. 104TH STREET			82 Street Address (P.O. Box Number is Not Acceptable)			
	E 210 // FL 33156			83		
• • • • • • • • • • • • • • • • • • •	······································			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607	.0502 and 607.1508, Florida	Statutes, the a	1 1. hove-named co	reporation submits this statement for the purpo	se of changing its registered

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE	Signature, typed or proted name of registered agent and or	e it applicable (NOÎE Ře	jestered Agent stijnature re
12.	OFFICERS AND DIR	the second of the second of	13.
TITLE	SPD	[] DELETE	TATICLE
NAME	LITTMAN, ERIC P		1.2 NAME
STREET ADDRESS	7695 S.W. 104TH ST. STE. 210		13 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33156		14 CITY-ST-ZIP
TITLE		[] DELETE	2.1 THUE
NAME			2.2 NAME
STREET ADDRESS			23 STREET ADORESS
CITY-ST-ZIP			2.4 CHY-\$1-ZIP
TITLE		[] DELETE	31 THEF
NAME			3.2 NAME
STREET ADDRESS			33 STREET ADDRESS
City-ST-ZiP			34 OITY-ST-ZIP
TITLE		[] DELETE	4.1 TO LE
NAME			4 2 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			4.4 C(1)Y+S1+Z(P)
TITLE		[] DELETE	51 TITLE
NAME			52 NAME
STREET ADORESS			5.3 STREET ADORESS
CITY-ST-ZIP		· ·	5.4 C(1Y-S1-Z)?/
TITLE		[DELETE	61 TITLE
NAME			6.2 NAME
STREET ADDRESS			63 STREET ADDRESS
I	1		■

[| Addition [] Change

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Addition [_| Change

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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 supplementar artifulal 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ERIC P. LITTMAN

S/26/99 (305) 643-3333

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