PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999	DIVISION O	F CORPORATIONS	FILM	
DOCUMENT # P9	8000076221	99 MAR 23 FII 4: 00		
1. Corporation Name AUGUST RESOURCES I, INC.				TATE.
ROGOST NEGOCINOLO I, II	10.		nen nien inde inei infan hat hat hen nen i	Pandi dari dini dari dari dari dari
				<u> </u>
Principal Place of Business	Mailing Address		1 104 (105) 419 70(0) 70(1) 40(1) 40(1) 40(1)	40111 10010 BILLS 15010 15001 LIGHT 101
7695 S.W. 104TH STREET SUITE 210 7695 S.W. 104TH STREET SUITE 210 MIAMI FL 33156 MIAMI FL 33156				
			DO NOT WRITE IN	THIS SPACE
			3. Date Incorporated or Qualifed 09/01/1998	
Principal Place of Business 1	2a. Mailing Address 26	-	4. FET Number	Applied For Not Applicab
Suite, Apt. #, etc.	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
Zip Country Zip		Country	8. This corporation owes the current ye-	ar Intangible
24 25	29	[30]	Personal Property Tax	[TYes [TNo
9. Name and Addres	s of Current Registered Agent		10. Name and Address of New Registe	ered Agent
LITTMAN, ERIC P		81 Name		
7695 S.W. 104TH STREET	SUITE 210	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33156		83		
		84 City		85 Zip Code
		'		FL
office or registered agent, or both, i	ons 607.0502 and 607.1508, Florida Stat nithe State of Florida Such change was al the obligations of, Section 607.0505, F	authorized by the corpora	rporation submits this statement for the purpor dion's board of directors. Thereby accept the a	se of changing its registered appointment as registered
SIGNATURE	s en			
	fregistate Lagent and plus it applicable (NO FICERS AND DIRECTORS	TE Registere I Agent signature requirements.	DAT ADDITIONS/CHANGES TO OFFICER	and the second second
TITLE SPD	[]DELETE	11 Title		[Change

LITTMAN, ERIC P NAME 7695 S.W. 104TH STREET SUITE 210 STREET ADDRESS 13 STREET ADDRESS MIAMI FL 33156 CITY-ST-ZIP [] DELETE 21 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-S1-7IP [| DELETE TITLE 3 1 THILE NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-S1-ZIP [.] DELETE 4 1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-\$1-Z# [] DELETE TITLE 51 TITLE 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$1-ZIP CITY-ST-ZIP [| DELETE 6 1 TITLE TITLE NAME STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-Z/P

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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 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 receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if changed, or on the attachment with a properties, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC P. LITTMAN

CR2E034 (11/98)