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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

	IAL REPORT 1999			FILED		
DOCUM	MENT # P	98000076	225		99 11/19 23 177 3	: 59
1. Corporation	n Name		220		1	
AUGUST RESOURCES II, INC.					The second of the St	All Control of the Co
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5 to 2 - 1 5 to 2	-15		444		! ! \! !! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	Balii Balii ibaşe bilib ilele ileşi bili ilebi
Principal Place	e of Business TH STREET SUITE 210		ng Address S.W. 104TH STREET SI	UTE 210		
MIAMI FL 33156			FL 33156	JITE 210		
1					DO NOT WRITE	IN THIS SPACE
,					3. Date Incorporated or Qualified 09/01/1998	
2. Principal Pi	ace of Business	2a. N	Mailing Address		4. FEI Number	Applied For
21		26				Not Applicable
Suite Apt	#, etc		iuite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	_ · · · ·	[27]	City & State			Fee Required
23	•	28	only a Olone		6. Efection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Cour		ip.	Country	8. This corporation owes the curren	
24	25	29	30) 	Personal Property Tax	[]Yes []No
	9. Name and Add	ress of Current Registe	red Agent	81 Name	10. Name and Address of New Re	gistered Agent
	MAN, ERIC P					
7695 S.W. 104TH STREET SUITE 210 82 Street Address (P.O. Box Number is Not Acceptable)						E+)
MIAN	MI FL 33156			83		
				84 City		85 Zip Code
	interior tradecio di Ar		4500 Ele ide 651 512	1		FL
office of re	to the provisions of Se egistered agent, or bo	th, in the State of Florida	Such change was auth	the above named cor orized by the corporal	poration submits this statement for the pution's hoard of directors. I hereby accept t	rpose of changing its registered he appointment as registered
1	m familiar with, and a	ccept the obligations of, S	ection 607.0505, Florida	a Statutes.		
SIGNATURE	Signature, typed or printed na	me of registered a jest and title if a	oglicable (NOTE Re	jistered Agent signature re pr	red who is enoughings	DATE
12.	SPD	OFFICERS AND DIREC	a second or the second of	13.	ADDITIONS/CHANGES 10 OFFIC	
TITLE NAME	LITTMAN, ERIC P		[, I DELETE	1.1 TIGLE 1.2 NAME		[Change
STREET ADORESS		STREET SUITE 210		13 STREET ADDRESS		1 5
CITY-ST-ZIP	MIAMI FL 33156			14 CHY-51-ZIP) }
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NAME				2.9 NAME.		
STREET ADDRESS				23 STREET ADDRESS		
CITY-ST-ZIP TITLE			[] DELETE	2 4 C(TV-S1-Z)F()		[\Addition
NAME				32 NAME	700002:	315 H By - 11Adger 100
STREET ADDRESS				3.3.51REE1.ADORES5	-U3/23/ ***15(/3901083001 nn.gn ****150.00
CITY-ST-ZIP				34 CiTY-ST-ZP	कराका ‡्रा	
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STREET ADDRESS CITY-ST-ZIP				43 STREET ADDRESS		
TITLE			[DELFTE	SITITLE		[] Change [] Addition
NAME				5.7 NAME		
STREET ADDRESS))			5.3 STREET ADDRESS		
CITY-ST-ZIP			f interes	54 City-St-Zir		and the
TITLE			[DELETE	62 NAME		[Change
STREET ADDRESS	}			63 STREET ADORESS		212
SINCE I ADUKESS						<i>9</i> 1

Cmy-st-zip

14. I hereby certify that the information supplied with this fiting 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ERIC P. LITTMAN SIGNATURE AND TYPED OR PRINTED THAT OF SIGNING OFFICER OR DIRECTOR

2/26/99 (305) 663-3333