

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

0273138

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**FILED**

99 MAR 23 PM 3: 11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # P98000094288**

1. Corporation Name  
**DECEMBER VENTURES II CORP.**

|   |   |
|---|---|
| Principal Place of Business<br><b>7695 S.W. 104TH ST. STE. 210<br/>MIAMI FL 33156</b> | Mailing Address<br><b>7695 S.W. 104TH ST. STE. 210<br/>MIAMI FL 33156</b> |
|---|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/06/1998**
4. FEI Number  Applied For  Not Applicable  
**\$8.75** Additional Fee Required
5. Certificate of Status Desired  **\$5.00** May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax  Yes  No
10. Name and Address of New Registered Agent

|                                |                       |
|--------------------------------|-----------------------|
| 2. Principal Place of Business | 2a. Mailing Address   |
| 21 Suite, Apt #, etc.          | 26 Suite, Apt #, etc. |
| 22 City & State                | 27 City & State       |
| 23 Zip Country                 | 28 Zip Country        |
| 24                             | 29                    |
| 25                             | 30                    |

9. Name and Address of Current Registered Agent

|                                     |   |
|-------------------------------------|---|
| <b>LITTMAN, ERIC P</b>              | 81 Name   |
| <b>7695 S.W. 104TH ST. STE. 210</b> | 82 Street Address (P.O. Box Number is Not Acceptable) |
| <b>MIAMI FL 33156</b>               | 83  |
|                                     | 84 City   |
|                                     | 85 Zip Code   |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature must be typed on this page) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                              | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                         |
|----------------------------|------------------------------|---|-------------------------|
| TITLE                      | SPD                          | 11 TITLE  | [ ] Change [ ] Addition |
| NAME                       | LITTMAN, ERIC P              | 12 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                   | 21 TITLE  | [ ] Change [ ] Addition |
| NAME                       |                              | 22 NAME   |                         |
| STREET ADDRESS             |                              | 23 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                |                              | 24 CITY-ST-ZIP  | [ ] Change [ ] Addition |
| TITLE                      | [ ] DELETE                   | 31 TITLE  |                         |
| NAME                       |                              | 32 NAME   |                         |
| STREET ADDRESS             |                              | 33 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                |                              | 34 CITY-ST-ZIP  |                         |
| TITLE                      | [ ] DELETE                   | 41 TITLE  | [ ] Change [ ] Addition |
| NAME                       |                              | 42 NAME   |                         |
| STREET ADDRESS             |                              | 43 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                |                              | 44 CITY-ST-ZIP  |                         |
| TITLE                      | [ ] DELETE                   | 51 TITLE  | [ ] Change [ ] Addition |
| NAME                       |                              | 52 NAME   |                         |
| STREET ADDRESS             |                              | 53 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                |                              | 54 CITY-ST-ZIP  |                         |
| TITLE                      | [ ] DELETE                   | 61 TITLE  | [ ] Change [ ] Addition |
| NAME                       |                              | 62 NAME   |                         |
| STREET ADDRESS             |                              | 63 STREET ADDRESS                                     |                         |
| CITY-ST-ZIP                |                              | 64 CITY-ST-ZIP  |                         |

300002815809-6  
-03/23/99-01082-009  
\*\*\*1500.00 \*\*\*150.00

*Handwritten signature and date: 2/20/99*

14. I hereby 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 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** *2/20/99* **305 663-3333**

CR2E034 (11/98)