

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

PROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JAN 22 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000048740 (9)
1. Corporation Name
FUTURE PROJECTS V CORP.

Principal Place of Business
**1428 BRICKELL AVE
8TH FLOOR
MIAMI FL 33131**

Mailing Address
**1428 BRICKELL AVE
8TH FLOOR
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 2. Principal Place of Business 21 9695 SW 104 STREET | | 2a. Mailing Address 26 1428 BRICKELL AVE | | 4. FEI Number Applied for | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 22 Suite, Apt. #, etc. 210 | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 23 City & State Miami | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 24 Zip 33156 | | 25 Country FL | | 29 Zip | | 30 Country | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|--|-----------------|--|
| 9. Name and Address of Current Registered Agent LITTMAN, ERIC P 1428 BRICKELL AVE 8TH FLOOR MIAMI FL 33131 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 9695 SW 104 STREET | | | |
| | | | | 83 Suite 210 | | | |
| | | | | 84 City Miami | | | |
| | | | | 85 Zip Code | | FL 33156 | |

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 required when reinstating) DATE _____

| | | | | | | | |
|----------------------------|-------------------------------------|---------------------------------|--|---|---------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PSTD | <input type="checkbox"/> DELETE | | 1.1 TITLE | 9695 SW 104 STREET | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LITTMAN, ERIC P | | | 1.2 NAME | Suite 210 | | |
| STREET ADDRESS | 1428 BRICKELL AVE, 8TH FLOOR | | | 1.3 STREET ADDRESS | Miami FL 33156 | | |
| CITY-ST-ZIP | MIAMI FL 33131 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

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*****6150.00 ****150.00**

Handwritten initials and date: 1/22/98

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.

SIGNATURE *[Signature]* **ERIC P. LITTMAN** 1/19/98

CR2E034 (10/97)