


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

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**Apr 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # P96000035660 (5)**

1. Corporation Name  
**ISLAND TRADING HOLDINGS, INC.**



Principal Place of Business: **1330 OCEAN DRIVE, 4TH FLOOR MIAMI BEACH FL 33139**

Mailing Address: **1330 OCEAN DRIVE, 4TH FLOOR MIAMI BEACH FL 33139-4256**

2. Principal Place of Business: **21 same as above**

2a. Mailing Address: **26 same as above**

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip Country

29. Zip Country

30. Zip Country

3. Date Incorporated or Qualified: **04/23/1996**

3a. Date of Last Report

4. FEI Number: **65-0671668**

Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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 required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <b>DIRECTOR / VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MESTEL, LAWRENCE W</b>                | 1.2 NAME  | <b>LAWRENCE MESTEL</b>  |
| STREET ADDRESS             | <b>825 8 AVENUE, 24TH FLOOR</b>          | 1.3 STREET ADDRESS                                    | <b>825 EIGHTH AVE. 24th Fl</b>  |
| CITY-ST-ZIP                | <b>NEW YORK NY 10019</b>                 | 1.4 CITY-ST-ZIP                                       | <b>NEW YORK, N.Y. 10019</b>   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <b>DIRECTOR / PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME                       | <b>HART, SUSAN W</b>                     | 2.2 NAME  | <b>SUSAN W. HART</b>  |
| STREET ADDRESS             | <b>1330 OCEAN DRIVE, 4TH FLOOR</b>       | 2.3 STREET ADDRESS                                    | <b>1330 OCEAN DRIVE 4th Fl</b>  |
| CITY-ST-ZIP                | <b>MIAMI BEACH FL 33139</b>              | 2.4 CITY-ST-ZIP                                       | <b>MIAMI BEACH FL 33139</b>   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       |  | 3.2 NAME  | <b>JOHN FORSTER</b>   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    | <b>825 EIGHTH AVENUE 24th Fl</b>  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | <b>NEW YORK, N.Y. 10019</b>   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <b>SECRETARY / TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       |  | 4.2 NAME  | <b>MEB FRIEDMAN</b>   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | <b>825 EIGHTH AVENUE 24th Fl</b>  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | <b>NEW YORK, N.Y. 10019</b>   |
| 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                                       |   |

14. I do 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: Meb Friedman **4/10/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)