

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92000000778 (2)

1. Corporation Name

ISLAND TRADING COMPANY OF NEW YORK

Principal Place of Business

Mailing Address

1330 OCEAN DRIVE - 4TH FLOOR
MIAMI BEACH NY 33139

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MIAMI BEACH NY 33139



3. Date Incorporated or Qualified
12/18/1992

3a. Date of Last Report
11/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 ISLAND TRADING CO.
Suite, Apt. #, etc.
825 17611TH AVE 24TH FL

22 City & State

27 City & State
NEW YORK NY

23 Zip

Country

28 Zip

Country

24

25

29 10019

30

4. FEI Number
13-3170327

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

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

Signature type for printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
MESTEL, LAWANCE
STREET ADDRESS 825 8TH AVENUE - 24TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☒ DELETE

NAME D
FAIR, IAN D
STREET ADDRESS 825 8TH AVENUE - 24TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☒ DELETE

NAME D
HAYS, THOMAS
STREET ADDRESS 825 8TH AVENUE - 24TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME S
CRUJEIRAS, DOREEN
STREET ADDRESS 825 8TH AVENUE - 24TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME T
FRIEDMAN, MEG
STREET ADDRESS 825 8TH AVENUE - 24TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME VP
HART, WENDY
STREET ADDRESS 1330 OCEAN DRIVE - 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 33139

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Meg Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

Expire Date

CR2E034 (3/96)