FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001544 (5)**

1. Corporation Name
ISLAND TRADING RETAIL, INC.

Principal Place of Business	Mailing Address
5TH FLOOR 400 LAFAYETTE STREET NEW YORK NY 10003	5TH FLOOR 400 LAFAYETTE STREET NEW YORK NY 10003

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1330 Ocean DR
Suite, Apt. #, etc. 22:
City & State 23: Miami Beach, FL
Zip 24: 33139 County 25: Dade

2a. Mailing Address
26: 825 Eighth Ave
Suite, Apt. #, etc. 27: 24th Fl
City & State 28: NY, NY
Zip 29: 10019 County 30:

4. FEI Number: 13-3542752 — 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 ability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
2ND FLOOR
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	VINSON, MARY	12 NAME	
STREET ADDRESS	400 LAFAYETTE ST., 5TH FLOOR	13 STREET ADDRESS	825 Eighth Ave - 24th Fl
CITY ST ZIP	NEW YORK NY 10003	14 CITY ST ZIP	New York, NY 10019
TITLE	S	21 TITLE	☑ Change ☐ Addition
NAME	HUTLOFF, GLEN	22 NAME	
STREET ADDRESS	400 LAFAYETTE ST., 5TH FLOOR	23 STREET ADDRESS	825 Eighth Ave - 24th Fl
CITY ST ZIP	NEW YORK NY 10003	24 CITY ST ZIP	New York, NY 10019
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	MESTEL, LAWRENCE	32 NAME	
STREET ADDRESS	400 LAFAYETTE ST., 5TH FLOOR	33 STREET ADDRESS	825 Eighth Ave. - 24th Fl
CITY ST ZIP	NEW YORK NY 10003	34 CITY ST ZIP	New York, NY 10019
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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: _____ 4/5/95 Date 212-333-6710 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0390439 FP