


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**  
**Aug 19 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G76324 (4)**

1. Corporation Name  
**ISLANDS INTERNATIONALE, INC.**



Principal Place of Business <b>1255 NE FLAGLER DRIVE FT. LAUDERDALE FL 33404</b>	Mailing Address <b>1255 NE FLAGLER DRIVE FT. LAUDERDALE FL 33404</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>201 E. Coast St.</b>		2a. Mailing Address 26 <b>201 E. Coast St.</b>		3. Date incorporated or Qualified <b>12/28/1983</b>	3a. Date of Last Report <b>04/22/1996</b>
Suite, Apt. #, etc. 22 <b>#</b>		Suite, Apt. #, etc. 27		4. FEI Number <b>59-2356662</b>	Applied For Not Applicable
City & State 23 <b>Lake Worth, FL</b>		City & State 28 <b>Lake Worth, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24 <b>33460</b>	Country 25 <b>Panama</b>	Zip 29 <b>33460</b>	Country 30 <b>Panama</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>MILLS, BRUCE E. 1255 NE FLAGLER DR. FT. LAUDERDALE FL 33403</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MILLS, BRUCE E. 1255 NE FLAGLER DR. FT. LAUDERDALE FL 33403</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable) <b>201 E. Coast St.</b>	
83				84 City <b>Lake Worth FL</b>	
				85 Zip Code <b>33460</b>	

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>STD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, BRUCE E</b>	1.2 NAME	
STREET ADDRESS	<b>1255 NE FLAGLER DRIVE</b>	1.3 STREET ADDRESS	<b>201 E. COAST ST.</b>
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	1.4 CITY-ST-ZIP	<b>LAKE WORTH, FL 33460</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEGAGNEUR, JEAN</b>	2.2 NAME	
STREET ADDRESS	<b>1255 NE FLAGLER DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>PD</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>William F. Thies, Jr.</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>201 E. Coast St. LAKE WORTH, FL, 33408</b>
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	

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: *William F. Thies, Jr.* 9/13/97

CR2E034 (4/97)