

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$226 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$376)

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE	
1993-1997		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K21050 (5)		FILED 97 APR 23 AM 9:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name ISLAND INTERIORS (CAYMAN) INC.		DO NOT WRITE IN THIS SPACE.	
Principal Place of Business 521 NW 183rd St. 571 NW 183rd St. MIAMI FL 33169		Mailing Address 521 NW 183rd St. 571 NW 183rd St. MIAMI FL 33169	
2. Principal Place of Business		3. Date Incorporated or Qualified 04/14/1988	
2a. Mailing Address		3a. Date of Last Report 06/14/1994 1994	
21 Suite, Apt. #, etc.		4. FEI Number 65-0047826	
22 City & State		Applied For Not Applicable	
23 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
26		9. Name and Address of Current Registered Agent DECORDOVA, DONALD 521 NW 183rd St. MIAMI FL 33169	
27		10. Name and Address of New Registered Agent	
28		81 Name	
29		82 Street Address (P.O. Box, Suite, etc.) 1000 95th St SE -04/29/97-01034-008	
30		83 *****165.00 *****165.00	
		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, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP PTD PANTON, GURNEY A. 2931 SW 87 TERRACE DAVE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP VD PANTON, G. CECILLE 2931 SW 87 TERRACE DAVE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP SD DECORDOVA, DONALD 521 NW 193rd St MIAMI FL 33169		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 supplement to 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, trustee, or other person 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 on an attachment with an address.			
SIGNATURE: [Signature] DATE: 4/14/97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (3/95)