

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0049422

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **K21050**

(5)

1. Corporation Name

ISLAND INTERIORS (CAYMAN) INC.

Principal Place of Business
561 N.W. 183RD ST
MIAMI FL 33169

Mailing Address
561 N.W. 183RD ST
MIAMI FL 33169

FILED

98 DEC -1 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/14/1988

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0047826		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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

DECORDOVA, DONALD
561 NW 183RD ST
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	300002705133--0
84 City	-12/07/98-01/14/99-022 ****550AD ****550.00

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	
TITLE	PTD	1.1 TITLE	PTD
NAME	PANTON, GURNEY A	1.2 NAME	PANTON, GURNEY A.
STREET ADDRESS	2931 SW 87 TERRACE	1.3 STREET ADDRESS	P.O. Box 10026 APO (NIA)
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS
TITLE	VD	2.1 TITLE	VD
NAME	PANTON, CECILLE G	2.2 NAME	PANTON, CECILLE G.
STREET ADDRESS	2931 SW 87 TERRACE	2.3 STREET ADDRESS	P.O. Box 10026 APO (NIA)
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	GRAND CAYMAN, CAYMAN ISLANDS
TITLE	SD	3.1 TITLE	SD
NAME	DECORDOVA, DONALD	3.2 NAME	DECORDOVA, DONALD
STREET ADDRESS	561 N.W. 183RD STREET	3.3 STREET ADDRESS	561 N.W. 183RD STREET
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	MIAMI FL 33169
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/07/98

345-949-6262

Date

Daytime Phone #

CR2E034 (5/98)