

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

013130

~~PROFIT CORPORATION~~
~~ANNUAL REPORT~~
~~1999~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L44227

1. Corporation Name
ISLAND TITLE INC.

amendment

FILED

99 SEP -9 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6447 MIAMI LAKES DR E
SUITE 210
MIAMI LAKES FL 33014

Mailing Address
6447 MIAMI LAKES DR E
SUITE 210
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/23/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0174976	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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 the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent OTRUBA, RICHARD S ESQ 6447 MIAMI LAKES DRIVE EAST SUITE 213 MIAMI LAKES FL 33014		10. Name and Address of New Registered Agent 81 Name Patricia M. Gutierrez 82 Street Address (P.O. Box Number is Not Acceptable) 6447 Miami Lakes Dr. suite#210 83 84 City Miami Lakes FL 85 Zip Code 33014	
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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 Patricia M. Gutierrez, President 9-2-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	GUTIERREZ, PATRICIA	1.2 NAME	
STREET ADDRESS	6447 MIAMI LAKES DR E	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	600002987606--1
STREET ADDRESS		2.3 STREET ADDRESS	-09/15/99--01049--004
CITY-ST-ZIP		2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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 138.07(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 registered or trustee employee 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 with all other like empowered.

SIGNATURE:

1-15-99

805-557-1188

Date

Daytime Phone