## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

97 MAY -5 PM 12: 33 1997 **DIVISION OF CORPORATIONS FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee SECRETARY OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 Name and Malling Address of Limited Liability Company **DOCUMENT** #L95000000252 1s. Principal Place of Business Address ISLAND OUTPOST TRAVEL, L.C. % SUSAN W, HART SUSAN W. HART 1330 OCEAN DRIVE, 4TH FLOOR 330 OCEAN DRIVE, 4TH FLOOR MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 If above mailing address is incorrect in any way, line through incorrect Information and enter correction in Block 2a 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 03/29/1995 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 55-0569131 5. Date of Last Report 6. Certificate of Status Desired Zıp Zip Country Country 8 75 Additional Fee Bi guired 04/02/1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent GIUSTO, RICHARD J 1221 BRICKELL AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33131 Sulte, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE \_ DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM HART, SUSAN W 1330 OCEAN DR., 4TH FLOOR MIAMI BEACH FL 000002176520--1 -%\$4\$69775<sup>01</sup>9\$\$\$289875

11. 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. Hurther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver/of trustee empowered to execute this report is required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER