


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED MAR 29 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>ISLAND OUTPOST TRAVEL, L.C.</b> <b>% SUSAN W. HART</b> <b>1330 OCEAN DRIVE, 4TH FLOOR</b> <b>MIAMI BEACH FL 33139</b>		<b>DOCUMENT # L95000000252</b> 1a. Principal Place of Business Address <b>% SUSAN W. HART</b> <b>1330 OCEAN DRIVE, 4TH FLOOR</b> <b>MIAMI BEACH FL 33139</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		3. Date Organized or Qualified <b>03/29/1995</b> 4. FEI Number <b>65-0569131</b> 5. Date of Last Report <b>04/20/1998</b>	
				3a. State of Formation <b>FL</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent <b>GIUSTO, RICHARD J</b> <b>1221 BRICKELL AVE.</b> <b>MIAMI FL 33131</b>		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City      Zip Code <div style="text-align: center;"><b>FL</b></div>			
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 _____			
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature is required when agent is new)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BUFFET, JIMMY	1210 WASHINGTON AVE, SUITE		MIAMI BEACH FL	
MGRM	SMITH, DONNA K	1210 WASHINGTON AVE, SUITE		MIAMI BEACH FL	
MGRM	ISLAND TRADING CO., IN	4 COLUMBUS CIRCLE, 5TH FL		NEW YORK NY	
4000002834114-3 -04/08/99--01104--013 ****188.75 ****188.75					
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. I further 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: _____		SUSAN W. HART for ISLAND TRADING CO., INC		2/18/99 305 604 5012	