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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M35891

(4)

| TALL ISLANDER, INC. Principal Place of Business 281 NW 2 ST. MIAMI FL 33125-5206 Mailing Address 2281 NW 2 ST. MIAMI FL 33125-5206 | | | | |
|--|--|--|--|--|
| IAMI FL 33125-5206 | MIAMI FL 33125-5205 | | 3. Date Incorporated or Qualified | |
| . Principal Place of Business | 2a, Mailing Address | | 07/29/1986 4. FEI Number | 11/22/1996 Applied Fo |
| | 26 | | 59-2756840 | Not Applied |
| Suite Apt. #. etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additiona |
| City & State | City & State | | | Fee Required |
| Ony & State | 28 | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | Zipi | Country | 8. This corporation has liability for | r intangible tax under s. 199.032 |
| 25 | 29 | 30 | | Yes No |
| 9. Name and Address of C | Current Registered Agent | 81 Name | 10. Name and Address of New R | legistered Agent |
| FELIPE, SILVIA | | 61 Name | | |
| 2281 NW 2 ST. MIAMI FL 33125 | | 82 Street Ad | ddress (P.O. Box Number is Not Accepta | able) |
| INVALLE COVER | | 63 | | |
| | | 84 City | | 85 Zip Code |
| | | ' | | - FL ` ` |
| | | S authorized by the corpo Florida Statutes. OTE: Registered Agent signature re | equired when reinstaling) | DATE |
| 2. OFFICER TLE PTD | | | | DATE |
| GNATURE Sign-share, typed or period name of registe COFFICE R PTD ME FEUPE, SILVIA | ored agent and title if applicable (No | OTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME | equired when reinstaling) | DATE FICERS AND DIRECTORS IN 12 |
| GNATURE Sign-trine, typic dior perhed manie of registe PTD FELIPE, SILVA 2281 NW 2 ST. | ored agent and title if applicable (No | OTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | equired when reinstaling) | DATE FICERS AND DIRECTORS IN 12 |
| GNATURE Sign-trine, typic dior perheditioning of registe PTD FELIPE, SILVIA 2281 NW 2 ST. MIAMI FL | ored agent and title if applicable (No | OTE: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME | equired when reinstaling) | DATE FICERS AND DIRECTORS IN 12 |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97 643-9514

FILED

Apr 01 1997 8:00am

Secretary of State