

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sanora M. Rutherford
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001693 (8)

1. Corporation Name

ISLAND CULTURE CLUB, INC.

FILED

97 OCT -6 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

19800 S.W. 110 CT #302B
MIAMI FL 33157

19800 S.W. 110 CT #302B
MIAMI FL 33157-6430

3. Date Incorporated or Qualified
03/28/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 11430 Washington Blvd

Suite, Apt. #, etc.

4. FEI Number

65-0666350 - EIN

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

23 Miami, FL

28 City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

24 33176

Country

DADE

29 Zip

29 33176

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, EDWARD
10820 S.W. 200 DRIVE, NO. 437
MIAMI FL 33157

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

600002316036-3

84 City

-10/09/97--01064--010

*****61.25 FL *****81:25

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 NAME STREET ADDRESS CITY-ST-ZIP
DONNA FORBES
11430 Washington Blvd
Miami, FL 33176 Secretary

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
Secretary Director
DONNA FORBES
11430 Washington Blvd (Same)
Miami, FL 33176

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Monica Bootle
10820 SW 200DR
Miami, FL 33176 Treasurer

2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
Treasurer Trustee
Angela Taylor
10750 SW 143rd Terrace
Miami, FL 33176

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Vice-President Director
Gregory Forbes
11430 Washington Blvd (Same)
Miami, FL 33176

3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
Vice-President Director
Gregory Forbes
11430 Washington Blvd (Same)
Miami, FL 33176

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Director
Edward Martin
10750 SW 143rd Terr
Miami, FL 33176

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP
Director
Edward Martin
10750 SW 143rd Terr
Miami, FL 33176

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

(305)238-7177

CR2E037 (9/96)