

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 9:19

DOCUMENT # P93000019679 (8)

1. Corporation Name

ISLAND SPORTS, INC.

Principal Place of Business

2492 NW 20TH AVE
MIAMI FL 33142

Mailing Address

2492 NW 20TH AVE
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0394920

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributor

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.02, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 2498 NW 20 ST

26 2498 NW 20 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIAMI FL

27 MIAMI FL

City & State

City & State

23

28

24

33142

25

DAD4

29

33142

30

DAD4

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAWA, ABDO
2492 N.W. 20TH AVENUE
SUITE 208
MIAMI FL 33142

B1 Name KAWA, ABDO

B2 Street Address (P.O. Box Number is Not Acceptable)
2498 NW 20th st

B3

B4

City MIAMI

FL

B5 Zip Code
33142

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS

TITLE	DP
NAME	KAWA, ABDO
STREET ADDRESS	2492 NW 20TH AVE
CITY, ST, ZIP	MIAMI FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/98

DATE

Signature (Typed Name)