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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000032412 (7)

1. Corporation Name
ISLA INTERNATIONAL, INC.



Principal Place of Business

P O BOX 902
JUPITER FL 33468-0902

Mailing Address

P O BOX 902
JUPITER FL 33468-0902

3. Date Incorporated or Qualified
04/30/1993

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 State Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0411292

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCGRATH, JAMES A
3207 32ND COURT
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name

JAMES A. MCGRATH

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

150 LIST ST.

83

84 City

ISLAMORADA

FL

85 Zip Code

33036

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 agent, 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

James A. McGrath

JAMES A. MCGRATH

3/9/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCGRATH, JAMES A JR	
STREET ADDRESS	3207 32ND COURT	
CITY, ST, ZIP	JUPITER FL 33477	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGRATH, JAMES A SR	
STREET ADDRESS	101 SOUTH SEAS DRIVE, #505	
CITY, ST, ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES A. MCGRATH	
1.3 STREET ADDRESS	150 LIST ST.	
1.4 CITY - ST - ZIP	ISLAMORADA, FL 33036	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James A. McGrath

JAMES A. MCGRATH

3/9/97

305-664-3522

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)