## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## POCUMENT # P93000050874 (5)

THREE ISLANDS, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

255 ALHAMBRA CIRCLE BTH FLOOR CORAL GABLES FL 33134 - P.O. BOX 526000--MIAMI-FL-00152

2a. Mailing Address

P.O. BOX 026000

## FILED May 16 1997 8:00am Secretary of State

	a lacorporated or Dualified . 30 Data of Last Report					
Date Incorporated or Qualified 07/15/1993	3a. Date of Last Report 05/01/1996					
FEI Number		Applied For				
65-0437236		Not Applicable				

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	×	\$8.75		
22		27			Tr definition of Status Boards		Fee Re	quired	
City & Stat	e e	City & State			6. Election Campaign Financing	_	\$5.00	Мау Ве	
23		28 MIAMI, FL			Trust Fund Contribution		Added t	o Fees	
Zip	Country	Zip	Count	'y	8. This corporation has liability fo			199.032,	
24	25	29 33102	30			X Yes	_		
9. Name and Address of Current Registered Agent				(T. N	10. Name and Address of New Registered Agent				
KERRIGAN, JUANITA I 255 ALHAMBRA CIRCLE				81 Name					
CORAL GABLES FL 33134			B2	82 Street Address (P.O. Box Number is Not Acceptable)					
	TAL CADLLO I E 00 104		8:	3					
			, B	City		FL	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 607,0502	and 607 1508 Florida Statu	tos the abov	re-named corr	poration submits this statement for the	rurocco of	changing it	ragistared	
office or r	registered agent, or both, in the State o	of Florida. Such change was	authorized t	by the corpora	tion's board of directors. I hereby acc	ept the app	ointment as	registered registered	
agent. I a	ım familiar with, and accept the obliga	tions of, Section 607.0505, Fi	lorida Statute	<del>9</del> \$.	·			-	
SIGNATURE	Signature, typed or printed name of registered agen	a and title if anclicable	T. Daniel		rect when reinstating,				
12.	OFFICERS AND		13,	geni signature re-	ADDITIONS/CHANGES TO OFF	DATE FICERS AND	DIRECTOR	S IN 12	
TITLE	T	DELETE	1.1 1ITLE		r	TOLIG AND	Change	Addition	
NAME	SOPSHIN, JEFFREY		1.2 NAME		ZALKIN, HENRY		L.J Orlange	Lig Madrida	
STREET ADDRESS	255 ALHAMBRA CIRCLE 8TH	EI NAD		T ADDRESS	255 ALHA BRA CIRCLE				
CITY-ST-ZIP	CORAL GABLES FL 33134	LOON		T PATRICISS	CORAL GABLES, FL 331	34			
TITLE	VD	DELETE	1.4 CITY- 2.1 TITLE				Change	Addition	
NAME :	GETMAN, DENNIS J	vettre	2.1 HILL 2.2 NAME				□ слапув	L) MUDICIDIT	
STREET ADDRESS	255 ALHAMBRA CIRCLE 8TH	EI OOD		1 ADDRESS					
	CORAL GABLES FL 33134	LOOK							
CITY-ST-ZIP	PD	DELETE	2. A CITY	-SI-ZIP			Change	Addition	
NAME	MCNAIRY, CHARLES L	E Dittite	3.1 HILE				L change	L Addition	
STREET ADDRESS	255 ALHAMBRA CIRCLE 8TH								
	CORAL GABLES FL 33134	FLOOR		et address					
CITY-ST-ZIP TITLE	SD SD	DELETE	3.4. CITY 4.1 TITLE				☐ Change	Addition	
NAME	KERRIGAN, JUANITA							L_J Adonion	
	255 ALHAMBRA CIRCLE 8TH	EI OOD	4. 2 NAM						
STREET ADDRESS	CORAL GABLES FL 33134	FLOUR		T ADDRESS					
CITY-ST-ZIP	COUNT CABLES PL 33 134	DELETE	4.4 CITY-				Change	Addition	
			5.1 TITLE				Change	LJ MODRON	
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP		I prostat	5.4 CITY-					1 1 1 1 1 1 1 1	
TITLE		☐ DELE1E	6.1 TITLE				∐ Change	Addition	
NAME			6.2 NAME						
CTOCCT ADDDCCC									

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

SIGNATURE: A. D. SIGNATURE: O. WAR T VERDICA

shola.

(305)142-7000