SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000063831 (0)**

1. Corporation Name

ISLAND TEXTILES, INC.

Principal Place of Business	Mailing Address
20855 NE 16TH AVENUE C-3 NORTH MIAMI BEACH FL 33179 US	20855 NE 16TH AVENUE C-3 NORTH MIAMI BEACH FL 33179 US

3. Date Incorporated or Qualified: **09/14/1993**
3a. Date of Last Report: **06/12/1995**

2. Principal Place of Business
21: 20855 NE 16TH AVE
22 Suite, Apt. #, etc: C-3
23 City & State: NORTH MIAMI BEACH FL.
24 Zip: 33179
25 Country:

2a. Mailing Address
26: 20855 NE 16TH AVE
27 Suite, Apt. # etc: C-3
28 City & State: NORTH MIAMI BEACH FL.
29 Zip: 33179
30 Country:

4. FEI Number: **65-0435813** [X] 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

YUKBUN YIU, BEN
20855 NE 16TH AVE
SUITE C-3
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0202 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] 6/17/96
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	MAN, RICHARD	
STREET ADDRESS	1000 LESLIE DR	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	M	[ ] DELETE
NAME	YUKBUN YIU, BEN	
STREET ADDRESS	20855 NE 16TH AVE, SUITE C-3	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE	DT	[ ] DELETE
NAME	HON, ANDY	
STREET ADDRESS	3 E. 28TH ST. 8TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 added on an attachment with an address.

SIGNATURE: [signature] 6-18-96 (305) 651-1696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #