

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 21 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073127 (1)

1. Corporation Name

TWO ISLETS USA, INC.

Principal Place of Business

Resident Address

2801 S BAYSHORE DR
SUITE 1225
MIAMI FL 33133

2801 S BAYSHORE DR
SUITE 1225
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

10/21/1993

03/10/1994

4. FEI Number

Applied For

05-0444834

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

2. Principal Place of Business

2a. Mailing Address

21 5100 Town Center Circle

25 5100 Town Center Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 330

27 Suite 330

City & State

City & State

23 Boca Raton, Florida

28 Boca Raton, Florida

Zip

Country

24 33486

25 USA

29 33486

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

E.H.G. RESIDENT AGENTS, INC.

~~2801 S BAYSHORE DR~~

~~SUITE 1225~~

~~MIAMI FL FL 33133~~

81 Name

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

5100 Town Center Circle

83 Suite 330

84 City
Boca Raton

FL

85 Zip Code
33486

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, on behalf of 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
D
NAME
GILBERT, EDWARD H
STREET ADDRESS
2801 S. BAYSHORE DRIVE, STE. 1225
CITY - ST - ZIP
MIAMI FL

1.1 TITLE
D
1.2 NAME
Edward Blume
1.3 STREET ADDRESS
1999 NW Sunset Blvd
1.4 CITY - ST - ZIP
Jensen Beach, FL 34957

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/95

Signature Number 2