FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000073127 (1)

1. Corporation Name
TWO ISLETS USA, INC.

Principal Place of Business
2601 S BAYSHORE DR
SUITE 1225
MIAMI FL 33133

Mailing Address
2601 S BAYSHORE DR
SUITE 1225
MIAMI FL 33133

2. Principal Place of Business
21 5100 Town Center Circle
Suite, Apt #, etc.
22 Suite #330
City & State
23 Boca Raton, Florida
Zip
24 33486
Country
25 USA

2a. Mailing Address
26 5100 Town Center Circle
Suite, Apt #, etc.
27 Suite # 330
City & State
28 Boca Raton, Florida
Zip
29 33486
Country
30 USA

3. Date Incorporated or Qualified: 10/21/1993
3a. Date of Last Report: 04/21/1995
4. FEI Number: 65-0444834 ☐ 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

E.H.G. RESIDENT AGENTS, INC.
2601 S BAYSHORE DR
SUITE 1225
MIAMI FL FL331-33

10. Name and Address of New Registered Agent
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, 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 By: E.H.G. Resident Agents, Inc. Edward H. Gilbert, President 2/6/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. Officers and Directors		13. Additions/Changes	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	GILBERT, EDWARD H	1.2 NAME	
STREET ADDRESS	2601 S. BAYSHORE DRIVE, STE. 1225	1.3 STREET ADDRESS	5100 Town Center Circle, Suite 330
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 address.

SIGNATURE: Edward H. Gilbert, Director 2/6/96 (407)361-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #