FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000050896 (7)

1. Corporation Name
ISLAND BREW, INC.

Principal Place of Business
3133 COMMODORE PLAZA
MIAMI FL 33133

Mailing Address
3133 COMMODORE PLAZA
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21 3109 GRAND AVE #444
Suite, Apt. #, etc.
22 #444
City & State
23 COCONUT GROVE, FL
Zip 24 33133 Country 25 USA

2a. Mailing Address
26 3109 GRAND AVE
Suite, Apt. #, etc.
27 #444
City & State
28 COCONUT GROVE, FL
Zip 29 33133 Country 30 USA

4. FEI Number: 65-0505478 ☐ 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

CONNER, DAVID M
3133 COMMODORE PLAZA
MIAMI FL 33133

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 607.0502 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 [signature] DATE 4/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	CONNER, DAVID M	12 NAME	
STREET ADDRESS	3133 COMMODORE PLAZA	13 STREET ADDRESS	3109 GRAND AVE #444
CITY ST ZIP	MIAMI FL 33133	14 CITY ST ZIP	COCONUT GROVE, FL 33133
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	KARLINSKY, FRED E	22 NAME	
STREET ADDRESS	3133 COMMODORE PLAZA	23 STREET ADDRESS	3109 GRAND AVE #444
CITY ST ZIP	MIAMI FL 33133	24 CITY ST ZIP	COCONUT GROVE, FL 33133
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	STANDISH, TROY	32 NAME	
STREET ADDRESS	3133 COMMODORE PLAZA	33 STREET ADDRESS	3109 GRAND AVE #444
CITY ST ZIP	MIAMI FL 33133	34 CITY ST ZIP	COCONUT GROVE, FL 33133
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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

SIGNATURE: [signature] 4/30 (305) 442-1517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

0136736 CP