

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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P95000044021 (0)

1. Corporation Name

ISLAND EXPORT SUPPLY, INC.



Principal Place of Business

3237 NORTH WEST 67TH STREET
MIAMI FL 33147

Mailing Address

3237 NORTH WEST 67TH STREET
MIAMI FL 33147-7548

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/30/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0564712

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

MARTINO, GRACE
3237 NORTH WEST 67TH STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name

3250 NW 69 St

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

Miami Florida 33147

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 of registered agent or new registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 12 NAME STREET ADDRESS CITY-STATE-ZIP 13 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 14 CITY-STATE-ZIP 15 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 16 CITY-STATE-ZIP 17 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 18 CITY-STATE-ZIP 19 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 20 CITY-STATE-ZIP	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRACE

MARTINO

3/18/97

Daytime Phone #

CR2E034 (9/96)