FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

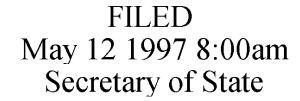
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ISLAND RESORT SYSTEMS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 2271





CORAL GABLES FL 33134		POMPANO BEACH FL 33061-2271				
					3. Date Incorporated or Qualified 01/01/1996	3a. Date of Last Report
_ / /	ace of Business	2a. Mailing Address		241 0	4. ff Number	270 Applied for
	51 NW2954	26 7751 N	MUSS	15	65 4000	O Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	34k F-1.	City & State 28 MARG WHE	F,	<i>1.</i>	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 330		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Country 30]	SA		Yes No
	9. Name and Address of Curren		81	Name	10. Name and Address of New Re	Jistered Agent
THE LAW FIRM OF LAWRENCE 3 SPIEGEL ORDER						
343 ALMERIA AVENUE CORAL GABLES FL 33134				82 Street Address (FLO, Box Number is Not Acceptable)		
LUN	AL GABLES FL 33134		83			
			<u> </u>			
			84	City	•	FL 85 Zin Onde
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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PSTD	☐ DELETE	1.1 TITLE	Į f	STO	Change Addition
NAME	FEDERICO, AJ		1.2 NAME	P	ederico	;
STREET ADDRESS	343 ALMERIA AVENUE		1.3 STREET	ADDRESS	7751 NWa9th St.	
CITY-ST-ZIP	CORAL GABLES FL 33134	DELETE	1,4 CITY - S	1- <i>Z</i> (P)	MArgate F1 3306	Change Addition
TITLE		m ntreit	2.1 1/11.6	}		Change Addition
NAME			2.2 NAME	*00.000		
STREET ADDRESS			2.3 \$TREET	i		
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - S 3.1 TITLE	- ZIP		Change Addition
NAME !			3.2 NAME	1		
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3.4, CITY - 9	I		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME	Ì		
STREET ADDRESS			4.3 STREE1	ADORESS		
CITY-ST-ZIP			4.4 CITY - S	1-ZIP		
TITLE		DETELE	5.1 TITLE			Change Addition
NAME			5.24NAME	1		i i
STREET ADDRESS			53STREFT	ADDRESS		
CITY-ST-ZIP			54CITY-S	1 - Z IP		
TITLE	·.	DELFIE	6.1 7 ITLE			☐ Change ☐ Addition
NAME	4.4°		6.2 NAME			
STREET ADDRESS			6.3 \$1REE1	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S			
44 Idaharah	au configue that the information cumpling	Lucit. This tiling dage waterialite	clar tha ava	mantina atat	ad in Caption 110 07/9\/i\ Elevida Statute	a tituethar and fuithal tha

The interest certify that the information supplied with this inting does not quality 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 eath; 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 algorithm with an address. 4-30-97 954-244-3622