


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

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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P960000 61896</i>			
1. Corporation Name <i>ISLAND GOURMET INC</i>			
Principal Place of Business <i>18758 NE 29 AV</i> <i>AVENTURA FL 33180</i>		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <i>7-24-79</i>		3a. Date of Last Report <i>1997</i>	
4. FEI Number <i>65-0683684</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <i>LUIS G. CASTILLO</i> <i>13365 SW 119 ST</i> <i>MIAMI FL 33186</i>		10. Name and Address of New Registered Agent 81 Name <i>TRUSTIN A. THOMAS</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>8110 SW 73 AV #3</i> 83 84 City <i>MIAMI</i> FL 85 Zip Code <i>33143</i>	
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 <i>[Signature]</i> <i>LUIS G. CASTILLO</i> 5-5-97 <small>(Signature typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS <input checked="" type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <i>PRESIDENT</i> 12.2 NAME <i>LUIS G. CASTILLO</i> 12.3 STREET ADDRESS <i>13365 SW 119 ST</i> 12.4 CITY-STATE-ZIP <i>MIAMI FL 33186</i> <input type="checkbox"/> DELETE		13.1 TITLE <i>PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME <i>TRUSTIN A. THOMAS</i> 13.3 STREET ADDRESS <i>8110 SW 73 AV #3</i> 13.4 CITY-STATE-ZIP <i>MIAMI FL 33143</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 TITLE <i>SECRETARY</i> <input type="checkbox"/> DELETE 12.6 NAME <i>SKINNER EDWARD</i> 12.7 STREET ADDRESS <i>316 NO SUMMIT</i> 12.8 CITY-STATE-ZIP <i>BOULING GREEN, OH- 43402</i> <input type="checkbox"/> DELETE		13.5 TITLE <i>TREASURER</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME <i>TRUSTIN A. THOMAS</i> 13.7 STREET ADDRESS <i>8110 SW 73 AV #3</i> 13.8 CITY-STATE-ZIP <i>MIAMI FL 33143</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 TITLE <i>TREASURER</i> <input type="checkbox"/> DELETE 12.10 NAME <i>TRUSTIN A. THOMAS</i> 12.11 STREET ADDRESS <i>8110 SW 73 AV #3</i> 12.12 CITY-STATE-ZIP <i>MIAMI FL 33143</i> <input type="checkbox"/> DELETE		13.9 TITLE <i>300002184523</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME <i>-05/20/97--01009--041</i> 13.11 STREET ADDRESS <i>***61.25</i> 13.12 CITY-STATE-ZIP <i>05 5/8/97</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I, _____, 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: <i>[Signature]</i> <i>LUIS G. CASTILLO</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-5-97 (305) 385-9726 <small>Date Daytime Phone #</small>	

CR2E034 (9/96)