

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # V31928 (7)
1. Corporation Name
ISLA DEL SOL REALTY, INC.

Principal Place of Business
8025 SUN BLVD.
ST. PETERSBURG FL 33715

Mailing Address
8025 SUN BLVD.
2ND FLOOR
ST. PETERSBURG FL 33715
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/27/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0330473
24 Country	29 Country	Applied For
	30	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 owes or has paid the current year Intangible Personal Property Tax due June 30.
		Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CACICEDO, RAMON R., JR. 275 FONTAINEBEAU BLVD. SUITE 195 MIAMI FL 33172-4597	81 Name CACICEDO, RAMON R., JR. 82 Street Address (P.O. Box Number is Not Acceptable) 6505 BLUE LAGOON DR., SUITE 240 83 84 City MIAMI FL 85 Zip Code 33126

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTS	1.1 TITLE	VTS
NAME	TURNER, SUSAN	1.2 NAME	CORBIN, SUSAN
STREET ADDRESS	8025 SUN BLVD, 2ND FLOOR	1.3 STREET ADDRESS	8025 SUN BLVD
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	ST PETERSBURG FL 33715
TITLE	PD	2.1 TITLE	
NAME	HERNANDEZ, GUS	2.2 NAME	
STREET ADDRESS	6505 BLUE LAGOON DRIVE, #250	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: _____ 4-17-98 813-867-1191

CR2E034 (10/97)