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PROFIT CORPORATION ANNUAL REPORT



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

1996 OCHMENT #

mor	ICAL RAINFORESTS, INC	C.			 		e ji a jeli a ja	
Principal Plac	ce of Business	Mailing Address						
C/O MICHAEL SARKA 71 BRONSON AVE. #11 DELRAY BEACH FL 33483		C/O MICHAEL SARKA 71 BRONSON AVE. #11 DELRAY BEACH FL 33483						
					 Date Incorporated or Qualifie 03/23/1988 		te of Last 14/14/18	•
	Place of Business	2a. Mailing Address			4. FEI Number		74/14/18	Applied For
Suite, Apt.	# etc	26	 -		65-0057730	- · · · · · · · · · · · · · · · · · · ·		Not Applicable
2	, 0.0.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional
City & Stat	te	City & State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing			Required
3		28			Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	or intangible t		
4	9. Name and Address of Co	29	30		Florida Statutes X Y	′es ∐No		
	or reality and Addiess of Or	urrent registered Agent	81 1	lamie	10. Name and Address of New	Registered	Agent	
SARKA.	MICHAEL							
	NSON AVE. #11		82 S	itreet Addr	ess (P.O. Box Number is Not Accept	table)		
DELRAY	/ BCH FL 33483		83					
			84 0	ity		· · · · · · · · · · · · · · · · · · ·		
							85 2	ip Code
familiar wi	to the provisions of Sections 607, red agent, or both, in the State of ith, and accept the obligations of,	0502 and 607.1508, Florida State Florida. Such change was author Section 607.0505, Florida Statuti	ites, the above nam	<u></u>	ation submits this statement for the p od of directors. I hereby accept the ap	FL purpose of cha ppointment as	anging its registere	registered offic d agent. I am
familiar wi	ith, and accept the obligations of, Signature typod or printed name of registered OFFICERS	Section 607.0505, Florida Statuti agent and little if any licatric (1 S AND DIRECTORS	ites, the above nam	ned corporation's boar	or or directors. Thereby accept the ap	ourpose of chappointment as	registere	d agent. I am
familiar wi SIGNATURE 12.	ith, and accept the obligations of, Skiriature typoid or printed rame of registered OFFICERS D	Section 607.0505, Florida Statute agent and life if applicable	utes, the above nancized by the corporal as. 1 1 TITLE	ned corporation's boar	d when reastaing:	DATE FICERS AND	registere	ORS IN 12
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SIGNATURE:

Michael Sarka

(407) 272-3121 Dayt me Phone #