

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000525

**Entity Name:** TROPICAL RAINFOREST FOUNDATION, INC.

**Current Principal Place of Business:**

407 LINCOLN ROAD  
SUITE 302  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

407 LINCOLN ROAD  
SUITE 302  
MIAMI BEACH, FL 33139

**FEI Number:** 65-0829147

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MICHAEL I GREENBERG, PA  
6647 SW 65TH TERR  
MIAMI, FL 33143 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title T  
Name COOK, PETER  
Address AV. LAS AMERICAS 18-81 ZONA 14,  
COLUMBUS C  
City-State-Zip: GUATEMALA CITY, GUATEMALA OC  
01015

Title D  
Name DE PAZ, OSCAR ROBERTO  
Address 5 AVE. 12-31 ZONA 9, EDIF. EL  
CORTEZ, 4  
City-State-Zip: GUATEMALA CITY, GUATEMALA OC  
01015

Title P  
Name DE PAZ, VIDA AMOR N  
Address 5 AVE. 12-31 ZONA 9, EDIF. EL  
CORTEZ, 4  
City-State-Zip: GUATEMALA CITY, GUATEMALA OC  
01015

Title D  
Name GIRON, FIDEL  
Address 3 AVENIDA 12-38 ZONA 10 805  
City-State-Zip: GUATEMALA CITY GUAEMALA OC  
01010

Title DIRECTOR  
Name YVES, JEAN  
Address 455 RUE DU PARVIS  
City-State-Zip: QUEBEC

Title DIRECTOR  
Name DE BEAUSSET, ALEXANDER M  
Address 7A AVE3-74 ZONA 9  
EDIFICIO EL CORTEZ 4 NIVEL  
City-State-Zip: GUATEMALA CITY

Title VP  
Name SCHNEIDER, KURT  
Address 5 AVE 12-31 ZONA 9  
EDIFICIO EL CORTEZ 4 NIVEL  
City-State-Zip: GUATEMALA CITY

Title DIRECTOR  
Name AGUILAR, ALVARO  
Address DIAGONAL 6 Y 16 AVE  
EDIFICIO ATRIUM SONA 10 #1205  
City-State-Zip: GUATEMALA CITY

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIDA AMOR NICOL DE PAZ

**PRESIDENT**

**04/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RUANO, SERGIO  
Address        3 AVE 38-32 ZONA 12  
                  COLONIA EL CARMEN  
City-State-Zip: GUATEMALA CITY