

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000525

FILED
Aug 28, 2018
Secretary of State
CC3251920060

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 AVE 3-74 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: DE PAZ , VIDA AMOR N

P

08/28/2018

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