


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F93000002027 (1)					
1. Corporation Name RAINFOREST ALLIANCE, INCORPORATED					
Principal Place of Business 65 BLEECKER STREET NEW YORK NY 10012			Mailing Address 65 BLEECKER STREET NEW YORK NY 10012-2420		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/26/1993	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22. City & State		27. City & State		4. FEI Number 13-3377893	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GOULDING, MICHAEL 6605 NW 57TH WAY GAINESVILLE FL 32606			10. Name and Address of New Registered Agent		
			81. Name		
			82. Street Address (P.O. Box Number is Not Acceptable)		
			83.		
			84. City		
			85. Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	C	DELETE	1.1 TITLE	MRS. WILLIAM BIFF, CHAIRMAN	Change Addition
NAME	ZIFF, WILLIAM		1.2 NAME	153 E 53RD STREET, 43RD FLOOR	
STREET ADDRESS	153 E 53RD ST. 43RD FLOOR		1.3 STREET ADDRESS	NY, NY 10022	
CITY-ST-ZIP	NEW YORK NY 10022		1.4 CITY-ST-ZIP		
TITLE	PD	DELETE	2.1 TITLE		Change Addition
NAME	KATZ, DANIEL R		2.2 NAME		
STREET ADDRESS	319 GARFIELD PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11209		2.4 CITY-ST-ZIP		
TITLE	V	DELETE	3.1 TITLE		Change Addition
NAME	KREIDER, KARIN		3.2 NAME		
STREET ADDRESS	417 BLOOMFIELD STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOBOKEN NJ 07030		3.4 CITY-ST-ZIP		
TITLE	S	DELETE	4.1 TITLE		Change Addition
NAME	AMBROSINO, MARGIE		4.2 NAME		
STREET ADDRESS	401 78TH ST APT 4D		4.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN NY 11209		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	SCHARLIN, PATRICIA J MS.		5.2 NAME		
STREET ADDRESS	10 WEST DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAG HARBOR NY 11963-1005		5.4 CITY-ST-ZIP		
TITLE	D	DELETE	6.1 TITLE		Change Addition
NAME	SULZBERGER, JUDITH DR		6.2 NAME		
STREET ADDRESS	146 CENTRAL PARK WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10023		6.4 CITY-ST-ZIP		

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: Daniel R. Katz

4/14/97 212-677-1900

CR2E037 (9/96)