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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F96000003550 (8)**

1. Corporation Name
CONSERVER CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
5345 PINE TREE DR MIAMI BCH FL 33140	5345 PINE TREE DR MIAMI BCH FL 33140-2143

3. Date Incorporated or Qualified: 07/12/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2655 LEJEUNE RD	26 2655 LEJEUNE RD.
Suite, Apt. #, etc. 22 SUITE 535	Suite, Apt. #, etc. 27 SUITE 535
City & State 23 CORAL GABLES, FL.	City & State 28 CORAL GABLES, FL
Zip / Country 24 33134 / 25 USA	Zip / Country 29 33134 / 30 USA

4. FEI Number: ~~APPLIED FOR~~ 65-0675901 ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEIN, CHARLES 5345 PINE TREE DR MIAMI BCH FL 33140	81 Name: GERALD BRESLAUER 82 Street Address (P.O. Box Number is Not Acceptable): 2655 LEJEUNE RD 83: SUITE 535 84 City: CORAL GABLES FL 85 Zip Code: 33134

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: Gerald Breslauer V.P. GERALD BRESLAUER 1/18/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STEIN, CHARLES		1.2 NAME	JAY M. HAFT	
STREET ADDRESS	5345 PINE TREE DR		1.3 STREET ADDRESS	201 S. BISCAYNE BLVD. SUITE 300	
CITY-ST-ZIP	MIAMI BCH FL 33140		1.4 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	STANTON, JAMES		2.2 NAME	MICHAEL JAY SCHARF	
STREET ADDRESS	1310 19TH ST NW		2.3 STREET ADDRESS	704 SPINNAKERS REACH	
CITY-ST-ZIP	WASHINGTON DC 20036		2.4 CITY-ST-ZIP	PONTE VERDA, FL 32082	
TITLE	DST	☒ DELETE	3.1 TITLE	VT	☐ Change ☒ Addition
NAME	STOLZBERG, MAXWELL		3.2 NAME	MILES R. GREENBERG	
STREET ADDRESS	460 PARK AVE 11TH FLR		3.3 STREET ADDRESS	2655 LEJEUNE RD, SUITE 535	
CITY-ST-ZIP	NY NY 10022		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	V	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	KALLAN, MARK		4.2 NAME	DOUGLAS C. RICE	
STREET ADDRESS	19999 BACK 9 DR		4.3 STREET ADDRESS	2655 LEJEUNE RD, SUITE 536	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE	5.1 TITLE	VS	☐ Change ☒ Addition
NAME			5.2 NAME	GERALD BRESLAUER	
STREET ADDRESS			5.3 STREET ADDRESS	2655 LEJEUNE RD, SUITE 535	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	BRIAN J. BRYCE	
STREET ADDRESS			6.3 STREET ADDRESS	1301 THE GATEWAY-TOWER 1	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	25 CANTON ROAD KOWLOON, HONG KONG	

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald Breslauer V.P. GERALD BRESLAUER 1/18/97 (305)444-3888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #