

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003550 (8)

1. Corporation Name

CONSERVER CORPORATION OF AMERICA



Principal Place of Business

Mailing Address

2655 LEJEUNE RD
SUITE 535
CORAL GABLES FL 33134
US

2655 LEJEUNE RD
SUITE 535
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3250 Mary Street	26 3250 Mary Street
22 Suite 405	27 Suite 405
23 Coconut Grove, FL	28 Coconut Grove, FL
24 33133 25 US	29 33133 30 US

3. Date Incorporated or Qualified	07/12/1996
4. FEI Number	65-0675901
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRESLAUER, GERALD 2655 LEJEUNE RD SUITE 535 CORAL GABLES FL 33134	81 Name Breslauier, Gerald 82 Street Address (P.O. Box Number is Not Acceptable) 3250 Mary Street 83 Suite 405 84 City Coconut Grove FL 85 Zip Code 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	D
NAME	HAFT, JAY M	1.2 NAME	
STREET ADDRESS	201 BISCAYNE BLVD SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DCP
NAME	SCHARF, MICHAEL JAY	2.2 NAME	CHARLES STEIN
STREET ADDRESS	704 SPINNAKERS REACH	2.3 STREET ADDRESS	3250 MARY STREET, SUITE 405
CITY-ST-ZIP	PONTE VEDRA FL	2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VT	3.1 TITLE	Address only
NAME	GREENBERG, MILES R	3.2 NAME	
STREET ADDRESS	2655 LEJEUNE RD SUITE 535	3.3 STREET ADDRESS	3250 Mary Street, Suite 405
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	V	4.1 TITLE	Address only
NAME	RICE, DOUGLAS CC	4.2 NAME	
STREET ADDRESS	2655 LEJEUNE ROAD SUITE 535	4.3 STREET ADDRESS	3250 Mary Street, Ste. 405
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	D	5.1 TITLE	B
NAME	HAFT, JARY M	5.2 NAME	James v. Stanton
STREET ADDRESS	201 S. BISCAYNE BLVD. SUITE 300	5.3 STREET ADDRESS	1310 19th Street, N.W. Suite LL
CITY-ST-ZIP	MIAMI FL 33133	5.4 CITY-ST-ZIP	Washington, DC 20036
TITLE	D	6.1 TITLE	B
NAME	SCHARE, MICHAEL J	6.2 NAME	Jonathan Caplan
STREET ADDRESS	704 SPINNAKERS REACH	6.3 STREET ADDRESS	5 Paper Buildings, 1st Floor
CITY-ST-ZIP	PONTE VERDA FL 32082	6.4 CITY-ST-ZIP	Temple, London EC4Y 7HB U.K.

14. I 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 appointed 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 to this report.

SIGNATURE: _____

1-14-98 305-444-3888

CR2E034 (10/97)