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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45181 ✓

1. Corporation Name

CONSERVATION OUTDOORS INC.

Principal Place of Business	Mailing Address
6900 Bird Road Miami, FL 33155 US	P.O. BOX 558567 Miami, FL 33255

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 P.O. BOX 141028	09/17/1991
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip Country	28 Coral Gables, FL	59-3050753
24	29 33114	30 USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Silva, Cecilia 5800 SW 42 Terrace Miami, FL 33155		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Change Addition		
NAME	Silva, Cecilia	1.2 NAME			
STREET ADDRESS	5800 SW 42 Terrace	1.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL 33155	1.4 CITY-ST-ZIP			
TITLE	TD	2.1 TITLE	Change Addition		
NAME	Mariela Maybin	2.2 NAME			
STREET ADDRESS	Calle Maderia, Qta. Marisela	2.3 STREET ADDRESS			
CITY-ST-ZIP	La California Sur, Caracas, VZ	2.4 CITY-ST-ZIP			
TITLE	D	3.1 TITLE	Change Addition		
NAME	Nelson Fairfoot	3.2 NAME			
STREET ADDRESS	Piso 2 Apto 22 Edif. El Socorro	3.3 STREET ADDRESS			
CITY-ST-ZIP	Caracas, VZ	3.4 CITY-ST-ZIP			
TITLE	PD	4.1 TITLE	Change Addition		
NAME	Terry McKendree	4.2 NAME			
STREET ADDRESS	436601 Potomac, Coconut Grove	4.3 STREET ADDRESS			
CITY-ST-ZIP	Wpdywood, FL	4.4 CITY-ST-ZIP			
TITLE	William Vartorella	5.1 TITLE	Change Addition		
NAME	277 Peckwood Drive	5.2 NAME			
STREET ADDRESS	Camden, SC	5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	D	6.1 TITLE	Change Addition		
NAME	Mario Kurnig	6.2 NAME			
STREET ADDRESS	Res. Palmar Este	6.3 STREET ADDRESS			
CITY-ST-ZIP	#86 Ave. La Costanera Caraballeda, VZ	6.4 CITY-ST-ZIP			

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY MCKENDREE

4/30/99 904-277-3601

Date

Daytime Phone #

CR2E037 (1/98)