

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N47415** (7)

1. Corporation Name

**ARK ENVIRONMENTAL FOUNDATION U.S., INC.**



Principal Place of Business <b>%MICHAEL J. FINGAR, P.A.-THE SENATOR BLDG. 13899 BISCAYNE BLVD., #155 NORTH MIAMI BEACH FL 33181</b>	Mailing Address <b>%MICHAEL J. FINGAR, P.A.-THE SENATOR BLDG. 13899 BISCAYNE BLVD., #155 NORTH MIAMI BEACH FL 33181-1650</b>
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3. Date Incorporated or Qualified <b>02/21/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0316950</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

**FINGAR, MICHAEL J.  
THE SENATOR BLDG.-SUITE 155  
13899 BISCAYNE BOULEVARD  
NORTH MIAMI BEACH FL 33181**

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	DP	<input type="checkbox"/> DELETE
NAME	<b>PRED, STANLEY M.</b>	
STREET ADDRESS	<b>THE SENATOR BLDG. PH2-13899 BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33181</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>JEPHCOTT, GREGORY</b>	
STREET ADDRESS	<b>498 HARROW RD.</b>	
CITY-ST-ZIP	<b>LONDON, ENGLAND</b>	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANTEL, ESTHER N.</b>	
STREET ADDRESS	<b>THE SENATOR BLDG.-13899 BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANTEL, ESTHER N.</b>	
STREET ADDRESS	<b>THE SENATOR BLDG.-13899 BISCAYNE BLVD.</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>D, VP, TREAS., CFO</b>
2.3 STREET ADDRESS	<b>ANN GORDON</b>
2.4 CITY-ST-ZIP	<b>THE SENATOR BLDG.-#103</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>13899 BISCAYNE BLVD.</b>
3.3 STREET ADDRESS	<b>NORTH MIAMI BEACH, FL 33181</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D, SEC.</b>
4.3 STREET ADDRESS	<b>DONNA M. BALLMAN</b>
4.4 CITY-ST-ZIP	<b>THE SENATOR BLDG.-#155</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>13899 BISCAYNE BLVD.</b>
5.3 STREET ADDRESS	<b>NORTH MIAMI BEACH, FL 33181</b>
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE:  4/3/97 (305) 947-2265  
Date Daytime Phone # 0033548

CR2E037 (9/96)