

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 24 PM 12:36

DOCUMENT # N93000004486 (7)

1. Corporation Name

CENTER FOR ORANGUTAN AND CHIMPANZEE CONSERVATION
, INC.

Principal Place of Business

Mailing Address

2400 SUNBANK INTERNATIONAL CENTER
1 SE 3RD AVE.
MIAMI FL 33131

2400 SUNBANK INTERNATIONAL CENTER
1 SE 3RD AVE.
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1993

3a. Date of Last Report

01/21/1994

4. FEI Number

65-0444725

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 11000 S.W. 57 AVE.

26 8106 S.W. 81 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami FL

28 Miami FL

Zip

Country

Zip

Country

24 33143

25 USA

29 33143

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARMICHAEL, KEVIN
2400 SUNBANK INTERNATIONAL CENTER
1 SE 3RD AVE.
MIAMI FL 33131

81 Name

PATRICIA RAGAN

82 Street Address (P.O. Box Number is Not Acceptable)

8106 S.W. 81 CT.

83

84 City

Miami

FL

85 Zip Code

33143

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

Patricia Ragan

PATRICIA RAGAN (PRESIDENT)

Signature, typed or printed name of registered agent only if applicable

(NOTE: Registered Agent signature required when heretofore)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BARTHET, PATRICK
STREET ADDRESS	1 SE 3RD AVE., #2400
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D
NAME	CARMICHAEL, KEVIN
STREET ADDRESS	1 SE 3RD AVE., #2400
CITY - ST - ZIP	MIAMI FL 33131
TITLE	D
NAME	RAGAN, PATRICIA L
STREET ADDRESS	1 SE 3RD AVE., #2400
CITY - ST - ZIP	MIAMI FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	D	☒ Change ☐ Addition
12 NAME	PATRICK BARTHET	
13 STREET ADDRESS	200 S. BISCAYNE BLVD #2870	
14 CITY - ST - ZIP	MIAMI FL 33131	
21 TITLE	D/S	☒ Change ☐ Addition
22 NAME	CARMICHAEL, KEVIN	
23 STREET ADDRESS	19495 BISCAYNE BLVD #606	
24 CITY - ST - ZIP	N. MIAMI BEACH, FL 33180	
31 TITLE	D/P	☒ Change ☐ Addition
32 NAME	RAGAN, PATRICIA	
33 STREET ADDRESS	8106 S.W. 81 CT.	
34 CITY - ST - ZIP	MIAMI FL 33143	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Patricia Ragan

PATRICIA RAGAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(305)669-7018

Daytime Phone #