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95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # N94000002691

1. Corporation Name

AMAZON BOTANICAL RESEARCH FOUNDATION INC

Principal Place of Business	Mailing Address
9360 SW 134 ST MIAMI, FL 33176	P.O. BOX 165925 MIAMI, FL 33116-5925

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:
3a. Date of Last Report:

4. FEI Number: 65-0502048 ☐ 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 1011 N.W. 34 AVE	26 1011 N.W. 34 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FL	28 City & State: MIAMI, FL
24 Zip: 33135 25 County: U.S.A.	29 Zip: 33135 30 County: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DORA FIGUEROLA 9360 SW 134 st MIAMI, FL 33176	81 Name: MAYRA VELOZ 82 Street Address (P.O. Box Number is Not Acceptable): 1011 N.W. 34 AVENUE 83 84 City: MIAMI FL 85 Zip Code: 33135

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: X Mayra Veloz
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	PRESIDENT	11 TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	JEFF OQUENDO	12 NAME	JEFF OQUENDO	
STREET ADDRESS	6231 S.W. 78 STREET	13 STREET ADDRESS	6231 S.W. 78 STREET	(D)
CITY-ST-ZIP	MIAMI, FL	14 CITY-ST-ZIP	MIAMI, FL	
TITLE	VICE PRESIDENT	21 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	STEVE L. LABO	22 NAME	STEVE L. LABO	
STREET ADDRESS	1010 14 STREET	23 STREET ADDRESS	1010 14 STREET	(D)
CITY-ST-ZIP	MIAMI BEACH, FL 33139-3816	24 CITY-ST-ZIP	MIAMI BEACH FL 33139-3816	
TITLE	SECRETARY TREASURER	31 TITLE	SECRETARY-TREASURER	☒ Change ☐ Addition
NAME	DORA FIGUEROLA	32 NAME	MAYRA VELOZ	
STREET ADDRESS	9360 SW 134 st	33 STREET ADDRESS	1011 N.W. 34 AVENUE	(D)
CITY-ST-ZIP	MIAMI, FL 33176	34 CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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****130.00 ****130.00

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 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: X Mayra Veloz SECRETARY TREASURER 04.04.95 256-9910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #