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FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000000717 (7)

1. Corporation Name

CONSERVATION & MANAGEMENT INTERNATIONAL, N.A., I  
NC.



Principal Place of Business

Mailing Address

337 PALERMO AVE  
CORAL GABLES FL 33134

337 PALERMO AVE  
CORAL GABLES FL 33134-6807

3. Date Incorporated or Qualified  
02/10/1995

3a. Date of Last Report  
06/02/1996

2. Principal Place of Business

2a. Mailing Address

21 328 Minerva Ave

26 328 Minerva Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2nd Floor

27 2nd Floor

City & State

City & State

23 Coral Gables, FL

28 Coral Gables, FL

Zip

Country

Zip

Country

24 33134

25

0

29 33134

30

4. FEI Number

65-0557916

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIBLEY, M. B  
337 PALERMO AVE  
CORAL GABLES FL 33134

81 Name

Montgomery Blair Sibley

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

328 Minerva Ave, 2nd Floor

83

84

City

Coral Gables

FL

85

Zip Code

33134

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

M. Blair Sibley - Montgomery Blair Sibley

4/20/97

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 PD ☐ DELETE  
NAME GRUNBERG, ROBERTO  
STREET ADDRESS 337 PALERMO AVE  
CITY-ST-ZIP CORAL GABLES FL 33139

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SOKOLOWICZ, FERNANDO  
STREET ADDRESS 337 PALERMO AVE  
CITY-ST-ZIP CORAL GABLES FL 33139

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME KOCHEN, ADRIAN  
STREET ADDRESS 337 PALERMO AVE  
CITY-ST-ZIP CORAL GABLES FL 33139

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VS ☒ DELETE  
NAME BOTERO, HECTOR  
STREET ADDRESS 337 PALERMO AVE  
CITY-ST-ZIP CORAL GABLES FL 33139

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☒ DELETE  
NAME HARRIGAN, ROBERT  
STREET ADDRESS 337 PALERMO AVE  
CITY-ST-ZIP CORAL GABLES FL 33139

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: M. Blair Sibley

4/1/97

305-445-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028963

CR2E037 (9/96)