SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N95000003584 (8)

1. Corporation Name
THE RAINFOREST FOUNDATION, INC.

Principal Place of Business	Mailing Address
6001 S.W. 63RD AVE. MIAMI FL 33143	6001 S.W. 63RD AVE. MIAMI FL 33143

3. Date Incorporated or Qualified: 07/26/1995 | 3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1534 EUCLID AVE	26 1602 ALTON ROAD
Suite, Apt. #, etc. 22 SUITE C	Suite, Apt. #, etc. 27 SUITE 598
City & State 23 MIAMI BEACH, FLORIDA	City & State 28 MIAMI BEACH, FLORIDA
Zip 24 33139 Country 25 U.S.A.	Zip 29 33139 Country 30 U.S.A.

4. FEI Number: 65-0601940 ☐ 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

HAWKINS, T. E
6001 S.W. 63RD AVE.
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name: T. E. HAWKINS
82 Street Address (P.O. Box Number is Not Acceptable): 1534 EUCLID AVENUE
83: SUITE C
84 City: MIAMI BEACH **FL** 85 Zip Code: 33139

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: T. EVELYN HAWKINS — J. Evelyn Hawkins — 11TH JUNE, 1996
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D FURSTENBERG, EGONCE V BELLE PLAZA, APT.718, 20 ISLAND AVE. BELLE ISLAND, MIAMI BEACH FL 33139	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D. FURSTENBERG, PRINCE EGON VON BELLE PLAZA, APT. 718, 20 ISLAND AVE BELLE ISLAND, MIAMI BEACH, FL 33139	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUQUESNAY, DENIS L 8951 N. NEW RIVER CANAL RD. PLANTATION FL 33324	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D. DUQUESNAY, MRS. B.M. 8951 N. NEW RIVER CANAL RD. PLANTATION, FL 33324	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ-LEAL, JAY 1874 S.W. 3RD AVE., APT. 9 MIAMI FL 33129	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAUMGARTEN, LANG 2891 COACOOCHEE AVE. COCONUT GROVE FL 33145	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D BRANDON, RAYMOND A. 1 MARLEY ROAD KINGSTON, JAMAICA, W.I.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ASHMEADE-HAWKINS, BRETT E 1602 ALTON RD., STE 598 MIAMI BEACH FL 33139	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST EARLE, CURTIS R 19823 S.W. 119TH CT. MIAMI FL 33177	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	ST PULFORD, CURTIS RUSSELL EARLE 20450 S.W. 248TH STREET PRINCETON, FL 33031	☐ Change ☑ Addition

CR2E037 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — 11TH JUNE, 1996 — (305)-534-2855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BRETT ASHMEADE-HAWKINS

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