

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 22 1997 8:00am
Secretary of State

DOCUMENT # N95000003584 (8)

1. Corporation Name

THE RAINFOREST FOUNDATION, INC.



Principal Place of Business

Mailing Address

1534 EUCLID AVE
SUITE C
MIAMI BEACH FL 33139
US

1602 ALTON RD
SUITE 598
MIAMI BEACH FL 33139
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/26/1995

3a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21 6001 S.W. 63RD AVENUE

26 6001 S.W. 63RD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI, FLORIDA

28 MIAMI, FLORIDA

Zip

Country

Zip

Country

24 33143

25 U.S.A.

29 33143

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, T.E.
1534 EUCLID AVENUE
SUITE C
MIAMI BEACH FL 33139

81 Name HAWKINS, T. EVELYN
82 Street Address (P.O. Box Number is Not Acceptable)
6001 S.W. 63RD AVENUE
83
84 City MIAMI FL 85 Zip Code 33143

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.E. HAWKINS (CHAIRMAN & RESIDENT AGENT)

9/16/97

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 D ☐ DELETE
NAME FURSTENBERG, EGONCE V
STREET ADDRESS BELLE PLAZA, APT. 718, 20 ISLAND AVE.
CITY-ST-ZIP BELLE ISLAND, MIAMI BEACH FL 33139

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME FURSTENBERG, PRINCE ELON VON
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DUQUESNAY, B.M.
STREET ADDRESS 8951 N NEW RIVER CANAL RD
CITY-ST-ZIP PLANTATION FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME LEMERCIER-DUQUESNAY, HON. MRS. B.M.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME HERNANDEZ-LEAL, JAY
STREET ADDRESS 1874 S.W. 3RD AVE., APT. 9
CITY-ST-ZIP MIAMI FL 33129

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME HARSHMAN, PROF. THOMAS
3.3 STREET ADDRESS 140 MEDWAY STREET, APT. 99
3.4 CITY-ST-ZIP PROVIDENCE, RHODE ISLAND 02906

TITLE D ☒ DELETE
NAME BRANDON, RAYMOND A
STREET ADDRESS 1 MARLEY ROAD
CITY-ST-ZIP KINGSTON JA

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME PULFORD-EARLE, CURTIS RUSSELL
4.3 STREET ADDRESS 20450 S.W. 248TH STREET
4.4 CITY-ST-ZIP HOMESTEAD, FL 33031

TITLE P ☐ DELETE
NAME ASHMEADE-HAWKINS, BRETT E
STREET ADDRESS 1602 ALTON RD., STE 598
CITY-ST-ZIP MIAMI BEACH FL 33139

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME ASHMEADE-HAWKINS, BRETT E.
5.3 STREET ADDRESS 6001 S.W. 63RD AVENUE
5.4 CITY-ST-ZIP MIAMI, FLORIDA 33143

TITLE ST ☒ DELETE
NAME EARLE, CURTIS R
STREET ADDRESS 19823 S.W. 119TH CT.
CITY-ST-ZIP MIAMI FL 33177

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME ASHMEADE-HAWKINS, MARK E.
6.3 STREET ADDRESS 6001 S.W. 63RD AVENUE
6.4 CITY-ST-ZIP MIAMI, FLORIDA 33143

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 T.E. HAWKINS (CHAIRMAN & RESIDENT AGENT) 9/16/97 (300)-145-0691

CR2E037 (4/97)