

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90295 041 ****61.25

05-06-1999 90295 042 *****8.75

DOCUMENT # **N95000003584**

1. Corporation Name

THE RAINFOREST TRUST, INC.

512182 - 90295 - 21

Principal Place of Business

6001 SW 63RD AVE
MIAMI FL 33143
US

Mailing Address

6001 SW 63RD AVE
MIAMI FL 33143
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/26/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0601940

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional

Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, T E
6001 SW 63RD AVE
MIAMI FL 33143

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

D ☐ DELETE
VON FURSTENBERG, PRINCEEGON
BELLE PLAZA, APT.718, 20 ISLAND AVE.
BELLE ISLAND, MIAMI BEACH FL

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

D ☐ DELETE
LEMERCIER-DUQUESNAY, HON MRS BM
8951 N NEW RIVER CANAL RD
PLANTATION FL

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

D ☐ DELETE
AGUILERA-CALZADILLA, ENRIQUE J
433 BELMONT AVE E, APT 309
SEATTLE WA 98102

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

D ☐ DELETE
PULFORD-EARLE, CURTIS R
20450 SW 248TH ST
HOMESTEAD FL

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

P ☐ DELETE
ASHMEADE-HAWKINS, BRETT E
6001 SW 63RD AVE
MIAMI FL

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

ST ☐ DELETE
ASHMEADE-HAWKINS, MARK E
6001 SW 63RD AVE
MIAMI FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

I 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, with all other like empowered.

SIGNATURE:

ASHMEADE-HAWKINS 4/26/99 (305)-667-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)