


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004647 (1)**

1. Corporation Name

**PRESERVE THE JUNGLE, INC.**



Principal Place of Business	Mailing Address
2400 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI FL 33133	2400 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI FL 33133

3. Date Incorporated or Qualified	09/09/1996
4. FEI Number	65-0695877
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
MATZNER, GARY C 2400 SOUTH DIXIE HIGHWAY SUITE 200 MIAMI FL 33133	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FANJUL, LOURDES	
STREET ADDRESS	7380 S.W. 116 STREET	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEMONS, NATALIE	
STREET ADDRESS	8950 S.W. 73 AVE.	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATZNER, GARY C	
STREET ADDRESS	5580 S.W. 97TH STREET	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLOWACKI, ROBERT	
STREET ADDRESS	7291 S.W. 117 TERR	
CITY-ST-ZIP	PINECREST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Stefani Hartin	Addition
STREET ADDRESS	5845 SW 108 STREET	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHN UNDERWOOD	Addition
STREET ADDRESS	6000 KILLIAM DRIVE	
CITY-ST-ZIP	PINECREST, FL 33156	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BRUCE TOLAND	
1.3 STREET ADDRESS	801 BRICKELL AVE., #1501	
1.4 CITY-ST-ZIP	MIAMI, FL 33131	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROGER CARLTON	
2.3 STREET ADDRESS	12715 ROLLING ROAD DRIVE	
2.4 CITY-ST-ZIP	PINECREST, FL 33156	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RALPH MACHADO	
3.3 STREET ADDRESS	5945 SW 97 STREET	
3.4 CITY-ST-ZIP	PINECREST, FL 33156	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRAD WEISER, C/A CAFE TU TU TANGO	
4.3 STREET ADDRESS	3250 MARY STREET, SUITE 208	
4.4 CITY-ST-ZIP	MIAMI, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STANLEY WAKSHLAG, C/O AKERMAN SENTERFITT	
5.3 STREET ADDRESS	1 SE 3RD AVENUE, #28TH FLOOR	
5.4 CITY-ST-ZIP	MIAMI, FL 33131	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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.

SIGNATURE:

*[Handwritten Signature]*

4-30-98 305-854-8989

CR2E037 (10/97)