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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004677 (7)

1. Corporation Name

JUNGLE HABITAT, INC.

Principal Place of Business

Mailing Address

**11000 SW 57TH AVENUE
MIAMI FL 33156**

**11000 SW 57TH AVENUE
MIAMI FL 33156**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**BRUCKHEIM, LORI S
11000 SW 57TH AVENUE
MIAMI FL 33156**

3. Date Incorporated or Qualified

08/18/1997

4. FEI Number

N 97 0000 4677

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

Mary H. Levine

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

11000 SW 57th Ave

83

84 City

Miami

FL

85 Zip Code

33156

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 **Mary H. Levine**

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

Mary H. Levine

(NOTE: Registered Agent signature required when reinstating)

1/8/97

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **BRUCKHEIM, LORI S**
STREET ADDRESS **10335 SW 200 STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ DELETE
NAME **LEVINE, MARY**
STREET ADDRESS **6000 SW 118TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **D** ☐ DELETE
NAME **TODD, LESLIE A**
STREET ADDRESS **14545 SW 84TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33158**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **Director, Secretary, Treasurer** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **Director, Vice President** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Director, President** ☐ Change ☒ Addition
4.2 NAME **Barbara A. Ibarra**
4.3 STREET ADDRESS **3618 Palmarito St**
4.4 CITY-ST-ZIP **Coral Gables, FL 33134**

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Marshall Meyers**
5.3 STREET ADDRESS **3943 Massachusetts Ave NW**
5.4 CITY-ST-ZIP **Washington DC 20036**

6.1 TITLE ☐ Change ☒ 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: **Mary H. Levine**

4/3/98

305-669-7000

CP2E037 (10/97)