SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Aug 11, 1999 8:00 am
Secretary of State
08-11-1999 90004 043 ****61.25

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DOCUMENT # N98000001660

1. Corporation Name

BOTANIC GARDENS CONSERVATION INTERNATIONAL (U.S.), INC.

604227 - 90004 - 43

Principal Place of Business	Mailing Address
4000 HOLLYWOOD BLVD STE 485 SOUTH HOLLYWOOD FL 33021	4000 HOLLYWOOD BLVD STE 485 SOUTH HOLLYWOOD FL 33021

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 432 Brookwood Road	26 432 Brookwood Road	03/23/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0815620 ☐ Applied For ☐ Not Applicable
City & State 23 Wayne, PA	City & State 28 Wayne, PA	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 19087 25 USA	Zip / Country 29 19087 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KRAMER, ROBERT M
4000 HOLLYWOOD BLVD
STE 485 SOUTH
HOLLYWOOD FL 33021

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 Robert M. Kramer 06 July 1999
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	1.1 TITLE		☐ Change ☐ Addition
NAME	ZUK, JUDITH		1.2 NAME		
STREET ADDRESS	4000 HOLLYWOOD BLVD, STE 485 SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROTHCHILD TOMASSINI , BETH		2.2 NAME		
STREET ADDRESS	4000 HOLLYWOOD BLVD, STE 485 SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	Director	☒ Change ☐ Addition
NAME	TAYLOR, A. J.		3.2 NAME	Peter S. Wyse Jackson	
STREET ADDRESS	4000 HOLLYWOOD BLVD, STE 485 SOUTH		3.3 STREET ADDRESS	4000 Hollywood Boulevard, Suite 485	
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4 CITY-ST-ZIP	Hollywood, Florida 33021	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: Judith Zuk REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 2, 1999 610 254-0334
Date Daytime Phone #