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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000003052

1. Corporation Name
THE RAINFOREST CONSERVANCY CORPORATION

Principal Place of Business	Mailing Address
9455 COLLINS AVE. SUITE 308 SURFSIDE FL 33154	9455 COLLINS AVE. SUITE 308 SURFSIDE FL 33154

2. Principal Place of Business 21 9455 Collins Ave. Suite, Apt. #, etc. 22 Suite 308. City & State 23 Surfside, FL Zip 24 33154 Country 25 USA.	2a. Mailing Address 26 9017 Garland Ave. Suite, Apt. #, etc. 27 City & State 28 Surfside, FL Zip 29 33154 Country 30 USA.

3. Date Incorporated or Qualifed: 05/26/1998

4. FEI Number: 65-0839725 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FERNANDEZ, ~~RIMARO R~~ RAMINO R.
9017 GARLAND AVE
SURFSIDE FL 33154

10. Name and Address of New Registered Agent

81 Name: ~~RAMINO R. FERNANDEZ~~ SAME.
82 Street Address (P.O. Box Number is Not Acceptable): 9017 GARLAND AVENUE
83
84 City: SURFSIDE FL 85 Zip Code: 33154

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] DATE: 02/22/99.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	D ☐ Change ☐ Addition
NAME	RAMINO M. FERNANDEZ-Maris	1.2 NAME	RAQUEL KAMBACH
STREET ADDRESS	9455 Collins Av. - Suite 308	1.3 STREET ADDRESS	14927 S.W. 104 ST. - Apt 103
CITY-ST-ZIP	SURFSIDE, FL 33154	1.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	SECRETARY ☐ DELETE	2.1 TITLE	D ☐ Change ☐ Addition
NAME	RAQUEL KAMBACH	2.2 NAME	RAMINO R. FERNANDEZ
STREET ADDRESS	14927 S.W. 104 ST. - Apt 103	2.3 STREET ADDRESS	9017 GARLAND AVE 33154
CITY-ST-ZIP	MIAMI, FL 33196	2.4 CITY-ST-ZIP	SURFSIDE, FL
TITLE	☐ DELETE	3.1 TITLE	D ☐ Change ☐ Addition
NAME		3.2 NAME	GIOVANNA M. FERNANDEZ
STREET ADDRESS		3.3 STREET ADDRESS	9017 GARLAND AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SURFSIDE, FL 33154
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 (11/98)

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 an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 02/22/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #