Applied For

\$8.75 Additional

.Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILED Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90016 034 ***150.00

DO NOT WRITE IN THIS SPACE

П

3. Date Incorporated or Qualifed

01/15/1997

APPLIED FOR

5. Certifcate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4 FEI Number

Mailing Address 701 BRICKELL AVENUE

SUITE 3000

26

27

28

MIAMI FL 33131

2a. Mailing Address

City & State

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700004111 1. Corporation Name

ECOEXPERIENCE, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

701 BRICKELL AVENUE **SUITE 3000**

MIAMI FL 33131

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Country Zip Country Zip 8. This corporation owes the current year Intangible ΧNο 24 30 ☐ Yes 25 29 Personal Property Tax. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE **SUITE 3000** 83 **MIAMI FL 33131** 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE HERTZ. ARTHUR H 1.2 NAME NAME 3195 PONCE DE LEON BLVD 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33134** 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE ☐ Change Addition 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition ☐ Change TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP □ DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE

6.4 CITY-ST-ZIP 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 607, 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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition

CR2E034 (11/98)