## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

## FILED Apr 10 1998 8:00am Secretary of State

POCUMENT # P9700057939 (5) PARROT JUNGLE AND GARDENS LIMITED, INC.					
Principal Plac		Mailing Address			A 10031071 MA 19101 IABM ARM BRAN BRIN ARM AND SHE (6810 19102 INVESTIGATION
11000 SW 57TH AVENUE MIAMI FL 33156		11000 SW 57TH AVENUE MIAMI FL 33156			
1					DO NOT WRITE IN THIS SPACE.
					3. Date Incorporated or Qualified 07/02/1997
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number
21		26			65-0764463 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country			у	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30.
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
	MNE, BERNARD M 000 SW 57TH AVENUE				
	AMI FL 33156		82	Street.	Address (P.O. Box Number is Not Acceptable)
••••			83	5	
			84	City	85 Zip Code
				1	<b>FL</b>   `
11. Pursuant to the provisions of Sections 607.050? and 607.1508, Florida Statules, 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE.	Signature, typed or profind name of registered agent	100 M			
12.	OFFICERS AND		13.	ent signature	required whon reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE		1.1 THLE		☐ Change ☐ Addition
NAME	LEVINE, BERNARD M		1.2 NAME		
STREET ADDRESS	11000 SW 57TH AVENUE		1 3 STREET ADDRESS		
CITY-ST-ZIP TITLE			2.1 TITLE	ST-ZIP	Change X Addition
NAME	Man	Em DECET	2.1 HISE 2.2 NAME		
STREET ADDRESS				t address	MARY A LEVING
CITY-ST-ZIP			2. 4 CITY-		Mary H. Levine 11000 SW 57th Ave Miami Fl 33156
TITLE		DELETE 3.11			☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TIBLE	ST-ZIP	Change Addition
NAME			4, 2 NAME		
STREET ADDRESS				1 Address	i
CITY-ST-ZIP			4.4 CITY-	SI-ZIP	
TITLE		DELETE	5.1 TITLE	1	Change Addition
NAME			5.2 NAME		
STREET ADDRESS	·			I ADDRESS	1
CITY-ST-ZIP TITLE		DELETE	5.4 CITY -: 6.1 TITLE	51 - ZIP	Change Addxion
NAME			6.2 NAME		Li One igo Li Muottoni
STREET ADDRESS			1	T ADDRESS	<u> </u>
CITY-ST-ZIP	<u></u>		6.4 CITY-	S1 - ZIP	
14. I hereby c	ertify that the information supplied with	n this filing does not qualify to			d in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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 informatio 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 trustse 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.

SIGNATURE:

11/02

197 305-669-7000