04/27/98 15:12 ☎305 446 0874 SCHECHNER P.A.

FILE NOW: FILING FEE AFTER MAY 1 IS $220.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05 1998 8:00am
Secretary of State

[redacted]

DOCUMENT # S90100 (6)

1. Corporation Name

CARIBBEAN ECOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
2121 PONCE DE LEON BLVD #711 CORAL GABLES FL 33134	2121 PONCE DE LEON BLVD #711 CORAL GABLES FL 33134

2. Principal Place of Business	2a. Mailing Address 26
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
City & State	28 City & State
Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: 10/28/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0296231 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHECHNER, MARK S.
2121 PONCE DE LEON BLVD
#711
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

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) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	SYNODINOS, ELIE	
STREET ADDRESS	6650 ALLISON RD	
CITY-ST-ZIP	MIAMI FL	
TITLE	DP	☐ DELETE
NAME	SCHECHNER, MARK S.	
STREET ADDRESS	2121 PONCE DE LEON RD #711	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

LS 5.5

800002512348
-05/06/98--01006--014
***150.00

14. I do 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 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 ... empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 ...

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   4/28/98 Date   (305) 446-1621 Daytime Phone #

CR2E031 (12/95)