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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N30431

1. Corporation Name

MUSEUM OF SCIENCE ENDOWMENT FUND, INC.

Principal Place of Business

3280 SOUTH MIAMI AVENUE
C/O GEORGE ROBINSON
MIAMI FL 33129

Mailing Address

3280 SOUTH MIAMI AVENUE
C/O GEORGE ROBINSON
MIAMI FL 33129

1 7 6 7 4 3 - 9 0 1 1 8 - 3 0



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/31/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0166471

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, GEORGE
3280 SOUTH MIAMI AVENUE
MIAMI FL 33129

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

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
NAME ERNESTINE, MCKAY
STREET ADDRESS 300 GREENWOOD DRIVE
CITY-ST-ZIP KEY BISCAVNE FL

1.1 TITLE D
1.2 NAME DESSAINT LOUIS
1.3 STREET ADDRESS 6750 SW 113 STREET
1.4 CITY-ST-ZIP MIAMI FL 33156

TITLE DP
NAME CONSTANT, LUCILLE B
STREET ADDRESS 1771 OPECHEE DRIVE
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DST
NAME GRAHAM, PATRICIA A
STREET ADDRESS 6911 MAIN STREET #225
CITY-ST-ZIP MIAMI LAKES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DV
NAME HEUSON, WILLIAM
STREET ADDRESS 5978 MILLER DRIVE
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME ROSS, STANLEY
STREET ADDRESS 3610 ALHAMBRA COURT
CITY-ST-ZIP CORAL GABLES FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME PETREY, RODERICK N
STREET ADDRESS 508 CASTANIA AVENUE
CITY-ST-ZIP CORAL GABLES FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: [Signature] SIGNATURE REQUIRED

4-10-99 305-235-3201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)