

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:29

DOCUMENT # 701164 (6)

1. Corporation Name
MUSEUM OF SCIENCE, INC.

Principal Place of Business Mailing Address
3280 S. MIAMI AVE. 3280 S. MIAMI AVE.
MIAMI FL 33129 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1960 3a. Date of Last Report 03/25/1994
4. FEI Number 59-0854960 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WEINTRAUB, ALBERT
2250 S.W. 3RD AVENUE
MIAMI FL 33129

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VICEVICH, BARBARA
STREET ADDRESS	600 BILTMORE WAY #318
CITY-ST-ZIP	CORAL GABLES FL
TITLE	TD
NAME	MANN, JOHN M
STREET ADDRESS	3900 GALT OCEAN MILE
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	BRENNER, MARY
STREET ADDRESS	12700 S.W. 69TH AVE
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	FINNERAN, DENNIS
STREET ADDRESS	7335 SW 141 TERRACE
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	COOK, CLARK J
STREET ADDRESS	620 GONDOLIER AVENUE
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cook Jr., Clark
1.3 STREET ADDRESS	620 Gondolier
1.4 CITY-ST-ZIP	Coral Gables FL 33143
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Blanck, Doris M
3.3 STREET ADDRESS	7830 S W 52 Court
3.4 CITY-ST-ZIP	Miami FL 33143
4.1 TITLE	VP & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gouraije Jr., Ghislain
4.3 STREET ADDRESS	11540 S W 126 Street
4.4 CITY-ST-ZIP	Miami FL 33176
5.1 TITLE	VP & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	McCammon, Robert H
5.3 STREET ADDRESS	7050 S W 66 Ave
5.4 CITY-ST-ZIP	South Miami FL 33143
6.1 TITLE	VP & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Viera, Carlos
6.3 STREET ADDRESS	7391 S W 165 Terrace
6.4 CITY-ST-ZIP	Miami FL 33157

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 D17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clark Cook, Jr.
Signature and typed or printed name of signing officer or director
Clark Cook, Jr., President

3-16-95 305-854-4247x230
Date Daytime Phone #