

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 06 1996 8:00 am
Secretary of State

DOCUMENT # 701164 (6)

1. Corporation Name
MUSEUM OF SCIENCE, INC.



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

3. Date Incorporated or Qualified 07/06/1960
3a. Date of Last Report 03/22/1995
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
8. This corporation has liability for intangible tax under s. 199.032, 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 24 Country 25 29 Zip 30 Country

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
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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COOK, CLARK J	
STREET ADDRESS	620 GONDOLIER	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MANN, JOHN M	
STREET ADDRESS	3900 GALT OCEAN MILE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLANCK, DORIS M	
STREET ADDRESS	7830 SW 52 COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOURAIGE, CHISLAIN J	
STREET ADDRESS	11540 SW 126 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MCCAMMON, ROBERT H	
STREET ADDRESS	7050 SW 66 AVE	
CITY - ST - ZIP	SOUTH MIAMI F	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VIERA, CARLOS	
STREET ADDRESS	7391 SW 165 TERRACE	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(k), 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 mandated, or on an attachment with an address.

SIGNATURE: Clark Cook, Jr President 1-18-96 305-854-4247 x230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)