

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701164 (6)

1. Corporation Name
MUSEUM OF SCIENCE, INC.



Principal Place of Business 3280 S. MIAMI AVE. MIAMI FL 33129	Mailing Address 3280 S. MIAMI AVE. MIAMI FL 33129
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3. Date Incorporated or Qualified 07/06/1960	
4. FEI Number 59-0854960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FALK, JOSEPH L		1.2 NAME	
STREET ADDRESS 17 70 MICANOPY AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT GROVE FL		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLANCK, DORIS M		2.2 NAME	
STREET ADDRESS 7830 SW 52 COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOURAIGE, CHISLAIN J		3.2 NAME	(delete)
STREET ADDRESS 11540 SW 128 STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCAMMON, ROBERT H		4.2 NAME	
STREET ADDRESS 7050 SW 86 AVE		4.3 STREET ADDRESS 6471 Sunset Drive	
CITY-ST-ZIP SOUTH MIAMI F		4.4 CITY-ST-ZIP South Miami, FL	
TITLE VPD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOKES, ROBERT L		5.2 NAME	
STREET ADDRESS 4191 BATTERSEA RD		5.3 STREET ADDRESS	
CITY-ST-ZIP CORAL GABLES FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME MATTO, JOSE F.	
STREET ADDRESS		6.3 STREET ADDRESS 20340 N.E. 10th Court Road	
CITY-ST-ZIP		6.4 CITY-ST-ZIP NORTH MIAMI BEACH FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *Doris M. Blanck* Secretary **3/5/98** **661-0165**

CP2E037 (10/97)