

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **730769** (7)
1. Corporation Name
THE INTERNATIONAL OCEANOGRAPHIC FOUNDATION



Principal Place of Business
**OFFICE OF THE BOARD OF TRUSTEES
POST OFFICE BOX 248042
CORAL GABLES FL 33124-4624
US**

Mailing Address
**OFFICE OF THE BOARD OF TRUSTEES
POST OFFICE BOX 248042
CORAL GABLES FL 33124-4624
US**

3. Date Incorporated or Qualified **09/24/1974** 3a. Date of Last Report **03/08/1995**

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

4. FEI Number **59-0789169** 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

10. Name and Address of New Registered Agent

**GOLE, ROBERT
MERSHON, SAWYER, JOHNSTON, DUNWOODY & GOLE
SE FINANCIAL CTR 45 FL 200-6 BIG CAYNE
MIAMI FL 33134**

81 Name **LOURDES F. LA PAZ**
82 Street Address (P.O. Box Number is Not Acceptable)
UNIVERSITY OF MIAMI
83 **1252 MEMORIAL DRIVE, ROOM 252, ASHE BLDG.**
84 City **CORAL GABLES** FL 85 Zip Code **33146**

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 **LOURDES F. LA PAZ**
Signature, typed or printed name of registered agent and title (if applicable)

LOURDES F. LA PAZ
NOTE: Registered Agent signature required when reappointing

2/26/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONROE, ARCHIE	
STREET ADDRESS	2192 KINGFISH RD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRASLOW, DAVID	
STREET ADDRESS	13847 DEERING BAY DR UNIT 111	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOLIVETTE, CYRUS M.	
STREET ADDRESS	2000 BRICKELL AVENUE, #2011	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, GEORGE E II	
STREET ADDRESS	7250 NORTH KENDALL DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COOK, DIANE M.	
STREET ADDRESS	10520 SW 124TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FOOTE, II, EDWARD T.	
STREET ADDRESS	8565 OLD CUTLER ROAD	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LOURDES F. LA PAZ
3.3 STREET ADDRESS	90 EDGEWATER DRIVE, #717
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33133
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 changed, or on an attachment with an address.

SIGNATURE: **LOURDES F. LA PAZ/**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOURDES F. LA PAZ

(305) 284-4025

Date Daytime Phone #

CR2E037 (12/95)