


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 P.O. Box 248042 Coral Gables, FL 33124-4624 USA		Mailing Address Office of the Board of Trustees P.O. Box 248042 Coral Gables, FL 33124 USA	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/24/1974	03/14/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-0789169	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	24	25
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Lourdes F. La Paz University of Miami 1252 Memorial Drive Ashe Administration Bldg., Room 252 Coral Gables, FL 33146		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 _____ (NOTE: Registered Agent signature required when re-stating) Signature typed or printed name of registered agent and title if applicable _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Monroe, Archie	1.2 NAME	
STREET ADDRESS	2192 Kingfish Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34102	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kraslow, David	2.2 NAME	
STREET ADDRESS	13647 Deering Bay Dr., Unit 111	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33158	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	La Paz, Lourdes F.	3.2 NAME	
STREET ADDRESS	7300 Mindellow Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33143	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williamson II, George E.	4.2 NAME	
STREET ADDRESS	7250 N. Kendall Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33156	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cook, Diane M.	5.2 NAME	
STREET ADDRESS	10520 S.W. 124 Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Foote II, Edward T.	6.2 NAME	
STREET ADDRESS	8565 Old Cutler Road	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL	6.4 CITY-ST-ZIP	
14. I do 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.			
SIGNATURE: Lourdes F. La Paz		2/27/97 (305) 284-4025	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (9/96)