


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90126 022 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 730769 | | | | | |
| 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 | | |



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|--|--|--|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | | 3. Date Incorporated or Qualified 09/24/1974 | |
| | | | | 4. FEI Number 59-0789169 | |
| | | | | Applied For 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 | |
| 9. Name and Address of Current Registered Agent LA PAZ, LOURDES F. UNIVERSITY OF MIAMI 1252 MEMORIAL DR, RM 252, ASHE BLDG CORAL GABLES FL 33146 | | | | 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 RD | 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 | 90 EDGEWATER DR #717 | 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, GEORGE E II | 4.2 NAME | |
| STREET ADDRESS | 7250 NORTH KENDALL DR | 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 SW 124TH ST. | 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 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lourdes F. La Paz, 4/15/99, 305-284-2700

Secretary

Date

Daytime Phone #

CR2E037 (1/98)

730'164
532104.90/26.22

INTERNATIONAL OCEANOGRAPHIC FOUNDATION BOARD OF TRUSTEES

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INTERNATIONAL OCEANOGRAPHIC FOUNDATION

Officers

Edward T. Foote II, President
Luis Glaser, Vice President
David A. Lieberman, Vice President
Otis B. Brown, Vice President
Lourdes F. La Paz, Secretary
Diane M. Cook, Treasurer