


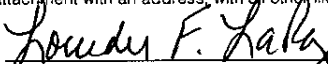


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90059 027 \*\*\*\*70.00

<b>DOCUMENT # 730769</b> 1. Entity Name <b>THE INTERNATIONAL OCEANOGRAPHIC FOUNDATION</b>					
Principal Place of Business <b>OFFICE OF THE BOARD OF TRUSTEES POST OFFICE BOX 248042 CORAL GABLES, FL 33124-4624 US</b>			Mailing Address <b>OFFICE OF THE BOARD OF TRUSTEES POST OFFICE BOX 248042 CORAL GABLES, FL 33124-4624 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01122004    Chg-NP    CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-0789169</b>	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LA PAZ, LOURDES F. UNIVERSITY OF MIAMI 5915 PONCE DE LEON BLVD #10 CORAL GABLES, FL 33124</b>				7. Name and Address of New Registered Agent Name <b>ALAN J. FISH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1507 LEVANTE AVENUE 327 MAX OROVITZ BUILDING</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33146</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		<b>Alan J. Fish</b> <b>V.P. for Business Services</b>		<b>February 26, 2004</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, ARCHIE 2192 KINGFISH RD NAPLES, FL 34102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRASLOW, DAVID 13647 DEERING BAY DR UNIT 111 MIAMI, FL 33158	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LA PAZ, LOURDES F. 7300 MINDELLO ST CORAL GABLES, FL 33143	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, GEORGE E II 7815 SW 104 ST MIAMI, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOK, DIANE M. 10520 SW 124TH ST. MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOOTE, II, EDWARD T. 13627 DEERING BAY DR #1201 CORAL GABLES, FL 33158	<input type="checkbox"/> Delete			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				<b>Lourdes F. La Paz, Secretary</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date    Daytime Phone #	