

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005838

1. Entity Name
**INSTITUTO LATINOAMERICANO DE CIENCIAS MARINAS
Y DEL AMBIENTE, INC.**



Principal Place of Business 5430 SW 92ND AVE MIAMI, FL 33165	Mailing Address 5430 SW 92ND AVE MIAMI, FL 33165
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03062003 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1045432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BELLO, MARIA J
5430 SW 92ND AVE
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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: *Maria J Bello* 05/18/2004
Signature of board member or other officer of registered agent and the filer (owner) (Not for Registered Agent signature) (must be in ink) DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD BELLO, MARIA J 5430 SW 92ND AVE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY ST ZIP	VD CARDENAS, HERNANDO 8101 SW 72 AVE APT 420 WEST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY ST ZIP	T TORRES, BERTA 2820 SW 33 COURT MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY ST ZIP	T CRIALES, MARIA M 4600 RICKENBACKER CSWY MIAMI, FL 33149
TITLE NAME STREET ADDRESS CITY ST ZIP	T CANTILLO, ADRIANA 1305 EAST-WEST HWY SILVER SPRING, MD 20910
TITLE NAME STREET ADDRESS CITY ST ZIP	D ARAUJO, RAFAEL 4600 RICKENBACKER CSWY MIAMI, FL 33149

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06/01/04-80005-004 70.00

**DO NOT WRITE
IN THIS SPACE**

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: *Maria J Bello* 05/24/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #