

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005838

FILED
Feb 03, 2011
Secretary of State

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

Current Principal Place of Business:

8101 SW 72 AVE.
SUITE 420 W
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

8101 SW 72 AVE.
MIAMI, FL 331435

New Mailing Address:

8101 SW 72 AVE.
SUITE 420 W
MIAMI, FL 33143

FEI Number: 65-1045432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARDENAS, HERNANDO
8101 SW 72 AVE.
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CARDENAS, HERNANDO
Address: 8101 SW 72 AVE. SUITE 420 W
City-St-Zip: MIAMI, FL 33143

Title: VP
Name: TORRES, BERTA
Address: 6707 N KENDALL DR.
City-St-Zip: MIAMI, FL 33156

Title: T
Name: GONZALEZ, MANUEL
Address: 13770 SW 30 ST.
City-St-Zip: MIAMI, FL 33143

Title: BM
Name: CRIALES, MARIA M
Address: 4600 RICKENBACKER CSWY
City-St-Zip: MIAMI, FL 33149

Title: BM
Name: CANTILLO, ADRIANA
Address: 1305 EAST-WEST HWY
City-St-Zip: SILVER SPRING, MD 20910

Title: BM
Name: ARAUJO, RAFAEL
Address: 4600 RICKENBACKER CSWY
City-St-Zip: MIAMI, FL 33149

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HERNANDO CARDENAS

MR.

02/03/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date