

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005838

FILED  
Jan 24, 2012  
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.  
SUITE 420 W  
MIAMI, FL 33143

**New Mailing Address:**

**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

DR.

01/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date