

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:21

DOCUMENT # **N30431** (3)

1. Corporation Name

MUSEUM OF SCIENCE ENDOWMENT FUND, INC.

Principal Place of Business

Mailing Address

C/O GEORGE ROBINSON
3280 SOUTH MIAMI AVENUE
MIAMI FL 33129

C/O GEORGE ROBINSON
3280 SOUTH MIAMI AVENUE
MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1989

3a. Date of Last Report

02/21/1994

4. FEI Number

65-0166471

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, GEORGE
3280 SOUTH MIAMI AVENUE
MIAMI FL 33129

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|-----------------------|
| TITLE | D |
| NAME | MCKAY, EARNESTINE |
| STREET ADDRESS | 300 GREENWOOD DRIVE |
| CITY - ST - ZIP | KEY BISCAIYNE FL |
| TITLE | DP |
| NAME | CONSTANT, LUCILLE B. |
| STREET ADDRESS | 1771 OPECHEE DR. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | DST |
| NAME | GRAHAM, PATRICIA A. |
| STREET ADDRESS | 6911 MAIN STREET #225 |
| CITY - ST - ZIP | MIAMI LAKES FL |
| TITLE | DV |
| NAME | HEUSON, WILLIAM |
| STREET ADDRESS | 5978 MILLER DR. |
| CITY - ST - ZIP | MIAMI FL |
| TITLE | D |
| NAME | ROSS, STANLEY |
| STREET ADDRESS | 3810 ALHAMBRA COURT |
| CITY - ST - ZIP | CORAL GABLES FL |
| TITLE | D |
| NAME | PETREY, RODERICK N. |
| STREET ADDRESS | 508 CASTANIA AVENUE |
| CITY - ST - ZIP | CORAL GABLES FL |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Lucille B. Constant, President*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

7-8-95 305-354-4247

Date

Anytime 1995