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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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 33129-2832

3. Date Incorporated or Qualified
01/31/1989

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0166471

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24

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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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MCKAY, EARNESTINE
STREET ADDRESS 300 GREENWOOD DRIVE
CITY - ST - ZIP KEY BISCAIYNE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DP DELETE
NAME CONSTANT, LUCILLE B.
STREET ADDRESS 1771 OPECHEE DR.
CITY - ST - ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE DST DELETE
NAME GRAHAM, PATRICIA A.
STREET ADDRESS 6911 MAIN STREET #225
CITY - ST - ZIP MIAMI LAKES FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DV DELETE
NAME HEUSON, WILLIAM
STREET ADDRESS 5978 MILLER DR.
CITY - ST - ZIP MIAMI FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D DELETE
NAME ROSS, STANLEY
STREET ADDRESS 3610 ALHAMBRA COURT
CITY - ST - ZIP CORAL GABLES FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D DELETE
NAME PETREY, RODERICK N.
STREET ADDRESS 508 CASTANIA AVENUE
CITY - ST - ZIP CORAL GABLES FL

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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
Lucille B. Constant

1-16-97

854-4247 x230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 002887

CR2E037 (9/96)