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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005732 (1)**

1. Corporation Name

THE INTERNATIONAL HURRICANE CENTER, INC.

Principal Place of Business

**FLORIDA INTERNATIONAL UNIVERSITY UP CAMPUS
TC 41 ROOM 152
MIAMI FL 33199**

Mailing Address

**FLORIDA INTERNATIONAL UNIVERSITY UP CAMPUS
TC 41 ROOM 152
MIAMI FL 33199**

3. Date Incorporated or Qualified
12/04/1995

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 FLORIDA INT'L UNIV.
Suite, Apt. #, etc.

22 UP CAMPUS, EAS 2710
City & State

23 MIAMI, FL
Zip

24 33199 **25 USA**

2a. Mailing Address

26 FLORIDA INT'L UNIV.
Suite, Apt. #, etc.

27 UP CAMPUS, EAS 2710
City & State

28 MIAMI, FL
Zip

29 33199 **30 USA**

4. FEI Number
65-0630655

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**DAVID, THOMAS M
FLORIDA INTERNATIONAL UNIVERSITY UP CAMPUS
~~TC 41 ROOM 152~~
MIAMI FL 33199**

10. Name and Address of New Registered Agent

81 Name

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

83 EAS 2710

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMET, EDUARDO	
STREET ADDRESS	13380 SW 131 ST #123/124	
CITY-ST-ZIP	MIAMI FL 33186	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANDY, MICHEL D	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input type="checkbox"/> DELETE
NAME	EPLING, ROBERT L	
STREET ADDRESS	28801 SW 157 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33033	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FASCELL, DANTE B	
STREET ADDRESS	701 BRICKELL AVE SUITE 3000	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MAIDIQUE, MODESTO	
STREET ADDRESS	UNIVERSITY PARK PC 528	
CITY-ST-ZIP	MIAMI FL 33199	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSS, DENNIS	
STREET ADDRESS	111 NW 1 ST #220	
CITY-ST-ZIP	MIAMI FL 33128	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

Robert L. Epling, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 305/348-1607
Date Date of Report

CR2E037 (9/96)