

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # 709786 (8)
1. Corporation Name
MIAMI-DADE COMMUNITY COLLEGE FOUNDATION, INC.



Principal Place of Business Mailing Address
300 NE SECOND AVENUE 300 NE SECOND AVENUE
MIAMI FL 33132 MIAMI FL 33132

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1965		3a. Date of Last Report 03/08/1995	
21		26		4. FEI Number 59-6169745		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ZEINER, CAROL L MIAMI-DADE COMMUNITY COLLEGE 300 N.E. 2ND AVENUE, ROOM 1429 MIAMI FL 33127				81 Name Rosen, Errol M.			
				82 Street Address (P.O. Box Number is Not Acceptable) Miami-Dade Community College Foundation, Inc.			
				83 300 N.E. Second Avenue			
				84 City Miami			
				85 Zip Code FL 33132			

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 ROSEN, ERROL M. DATE 4/22/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	VCD
NAME	WOLFSON, LOUIS III	1.2 NAME	Arlain, Ricardo
STREET ADDRESS	9350 SOUTH DIXIE HIGHWAY	1.3 STREET ADDRESS	80 S.W. Eighth Street, 23 Floor
CITY-ST-ZIP	MIAMI FL 33156-2945	1.4 CITY-ST-ZIP	Miami, FL 33130-3047
TITLE	P	2.1 TITLE	
NAME	TRAYLOR, HORACE J	2.2 NAME	
STREET ADDRESS	8940 SW 96TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	POWELL, BARTON D.	3.2 NAME	
STREET ADDRESS	14985 SW 85TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	STANTON, FRED	4.2 NAME	
STREET ADDRESS	1111 LINCOLN RD, STE 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	VCD	5.1 TITLE	CD
NAME	BLANK, ANDREW S	5.2 NAME	Blank, Andrew S.
STREET ADDRESS	3455 NW 54TH STREET	5.3 STREET ADDRESS	3455 N.W. 54 Street
CITY-ST-ZIP	MIAMI FL 33142	5.4 CITY-ST-ZIP	Miami, FL 33142
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: Horace J. Traylor
Signature and typed or printed name of signing officer or director

4/22/96 305-237-3242
Date Daytime Phone

CR2E037 (12/95)