

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709786

**Entity Name:** MIAMI DADE COLLEGE FOUNDATION, INC

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC5847335061**

**Current Principal Place of Business:**

300 NE 2 AVE  
RM 1423-1  
MIAMI, FL 33132

**Current Mailing Address:**

300 NE 2 AVE  
RM 1423-1  
MIAMI, FL 33132 US

**FEI Number: 59-6169745**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ZURIARRAIN, AMAURY  
300 NE 2 AVE  
RM 1423-1  
MIAMI, FL 33132 US

*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

**Officer/Director Detail :**

Title T  
Name GIL, AUGUSTO  
Address 7300 SW 93RD AVE, STE 210  
City-State-Zip: MIAMI FL 33173

Title S  
Name LOUISSAINT, BEATRICE  
Address 9499 NE 2ND AVE, STE 201  
City-State-Zip: MIAMI FL 33138

Title COBD  
Name GRIMES, JULIE  
Address 1717 N. BAYSHORE DRIVE, STE 102  
City-State-Zip: MIAMI FL 33132

Title V  
Name PLASENCIA, JORGE A  
Address 2153 CORAL WAY STE 500  
City-State-Zip: MIAMI FL 33134

Title ED  
Name ZURIARRAIN, AMAURY  
Address 300 N.E. 2ND AVENUE, RM 1429  
City-State-Zip: MIAMI FL 33132

Title D  
Name JOHNSTON, MARIA  
Address 150 W FLAGLE ST STE 1901  
City-State-Zip: MIAMI FL 33130

*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: AMAURY ZURIARRAIN**

**EXECUTIVE DIRECTOR**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

Date