

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000000299

**Entity Name:** AVENTURA MARKETING COUNCIL EDUCATION FOUNDATION, INC.

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC6191101349**

**Current Principal Place of Business:**

20900 NE 30TH AVENUE  
SUITE 410  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30TH AVENUE  
SUITE 410  
AVENTURA, FL 33180 US

**FEI Number: 45-4465031**

**Certificate of Status Desired: Yes**

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

ADLER, ELAINE IMS.  
20900 NE 30TH AVENUE  
SUITE 410  
AVENTURA, FL 33180 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 P  
Name ADLER, ELAINE IMS.  
Address 20900 NE 30TH AVENUE, SUITE 410  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name SCHULMAN, CLIFFORD MR.  
Address 20900 NE 30TH AVENUE, SUITE 410  
City-State-Zip: AVENTURA FL 33180

Title VO  
Name JOEL, WILLIAM MR.  
Address 20900 NE 30TH AVENUE, SUITE 410  
City-State-Zip: AVENTURA FL 33180

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: ELAINE ADLER**

**PRESIDENT**

**01/25/2016**

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

\_\_\_\_\_  
Date