

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M50543

**Entity Name:** MIAMI EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

8900 NORTH KENDALL DRIVE  
MIAMI, FL 33176-2118

**Current Mailing Address:**

C/O HUGH GALLAGHER, BCVI  
8900 N. KENDELL DRIVE  
MIAMI, FL 33176-2118

**FEI Number:** 59-2813838

**Certificate of Status Desired:** No

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

KATZEN, BARRY T  
1125 SAN PEDRO AVE  
CORAL GABLES, FL 33143 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 D  
Name KATZEN, BARRY T  
Address 1125 SAN PEDRO AVENUE  
City-State-Zip: CORAL GABLES FL 33156

Title D  
Name BENENATI, JAMES F  
Address 8900 NORTH KENDALL DRIVE  
City-State-Zip: MIAMI FL 33176-2118

Title D  
Name SAMUELS, SHAUN L  
Address 8900 NORTH KENDALL  
City-State-Zip: MIAMI FL 33176

Title D  
Name POWELL, ALEX  
Address 8900 NORTH KENDALL DR  
City-State-Zip: MIAMI FL 33176

Title DIRECTOR  
Name PENA, CONSTANTINO DR.  
Address 8900 NORTH KENDALL DRIVE  
City-State-Zip: MIAMI FL 33176-2118

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY KATZEN, MD

D

02/11/2013

Electronic Signature of Signing Officer/Director Detail

Date