

**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 MIAMI FL 33132** **300 NE SECOND AVENUE MIAMI FL 33132**

3. Date Incorporated or Qualified **10/20/1965** 3a. Date of Last Report **03/08/1995**  
4. FEI Number **59-6169745** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**ZEINER, CAROL L  
MIAMI-DADE COMMUNITY COLLEGE  
300 N.E. 2ND AVENUE, ROOM 1429  
MIAMI FL 33127**

10. Name and Address of New Registered Agent  
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** FL 85 Zip Code **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	<b>CD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>VCD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WOLFSON, LOUIS III</b>	1.2 NAME	<b>Arlain, Ricardo</b>
STREET ADDRESS	<b>9350 SOUTH DIXIE HIGHWAY</b>	1.3 STREET ADDRESS	<b>80 S.W. Eighth Street, 23 Floor</b>
CITY-ST-ZIP	<b>MIAMI FL 33156-2945</b>	1.4 CITY-ST-ZIP	<b>Miami, FL 33130-3047</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRAYLOR, HORACE J</b>	2.2 NAME	
STREET ADDRESS	<b>8940 SW 96TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POWELL, BARTON D.</b>	3.2 NAME	
STREET ADDRESS	<b>14985 SW 85TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STANTON, FRED</b>	4.2 NAME	
STREET ADDRESS	<b>1111 LINCOLN RD, STE 500</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANK, ANDREW S</b>	5.2 NAME	<b>Blank, Andrew S.</b>
STREET ADDRESS	<b>3455 NW 54TH STREET</b>	5.3 STREET ADDRESS	<b>3455 N.W. 54 Street</b>
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	5.4 CITY-ST-ZIP	<b>Miami, FL 33142</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Errol M. Rosen** DATE: **4/22/96** DUTY: **305-237-3242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Duties: Phone #)

CR2E037 (12/95)