## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



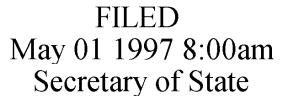
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(8)



Principal Place of Business Mailing Address  300 NE SECOND AVENUE 300 NE SECOND AVENUE MIAMI FL 33132-2204										
						3. Date incorporated or Qualified 10/20/1965		ate of Last R 04/29/199		
2. Principal P	Place of Business	2a. Mailing Addres	2a. Mailing Address 26			4. FEI Number 59-6169745			oplied For of Applicable	
Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	te	City & State	} <del></del>			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Z(p)	Country 25	Zip	Cou <b>30</b>	ntry		8. This corporation has liability for in Florida Statutes	ntangible ] Yes [		. 199.032,	
	9. Name and Address of Cur	rent Registered Agent				10. Name and Address of New Reg	Deserved	Agent		
				<b>B1</b> N	lame					
ROSEN, CAROL ERROL MIAMI DADE COMMUNITY COLLEGE FOUNDATION				<b>82</b> S	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
300 NE	2ND AVENUE	CONDATION	, ,	83						
MIAMI F				ı	City		FL	85 Zip (		
office or i agent. I a SIGNATURE	registered agent, or both, in the Stam familiar with, and accept the ob-	ate of Florida. Such change ligations of, Section 617.00	was authorized i03, Florida Stat	by thutes	e corporati	oration submits this statement for the pion's board of directors. I hereby accept	t the app	ointment as	registered	
	Signature, typed or printed name of registered	agent and title II applicable.	(NOTE: Registerer	Agent s	Bustnus Lednju	ed when reinstating)	DATE			
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	VCD	☐ DELE	TE 1,1 TO	LE				☐ Change	Addition	
NAME	ARLAIN, RICARDO		1.2 N/	ME						
STREET ADDRESS	800 SW EIGHT STREET 23	RD FLOOR	1.3 \$1	REET ADD	DRESS					
CITY-ST-ZIP	MIAMI FL 47		1.40	Y-ST-Z	IP .					
TITLE	P	X DELS	TE 21 TI	LE	P			Change	X Addition	
NAME:	TRAYLOR, HORACE J		22 N	ME	W:	inston Richter				
STREET ADDRESS	8940 SW 96TH STREET		23 ST	REET ADD		00 N.E. Second Avenue	:			
CITY - ST - ZIP	MIAMI FL			TY-ST-2		iami. FL 33132				
TITLE	T	X) DELE			-   <del>     </del>	***************************************		Change	X Addition	
NAME	POWELL, BARTON D.	<del></del>	3.2 NJ		E	rrol Rosen		_ •		
STREET ANDRESS	14985 SW 85TH AVE.			REET ADI		00 N.E. Second Avenue	,			
CITY-ST-ZIP	MIAMI FL			TY-\$T-2		iami, FL 33132				
TITLE	SD	DELE						Change	Addition	
NAME	STANTON, FRED		4.2 N						<del></del> ··-	
STREET ADORESS	1111 LINCOLN RD, STE 50	٨		reet adi	NRECC .	•				
	MIAMI BOH FL	•								
CITY-ST-ZIP TITLE		☐ DELI		Y - ST - ZI	er			Change	Addition	
NAME	DI ANIC ANDDEWLS	occ						- Audulika		
	BLANK, ANDREW S.		5.2 N							
STREET ADDRESS	3455 NW 54 STRET		E .	REET ADE						
CITY-S1-ZIP	MIAMI FL	T 581		Y-ST-Z	IP			TT 05	jane-	
TITLE	j	☐ DELE	a de la composição de l					Change	Addition	
NAME			6.2 N/		[					
STREET ADDRESS				reet adi	I				•	
CITY-ST-ZIP			. 6.4 CI	TY-\$1-Z	IP .					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** 

305-237-3240

Daytime Phone # 0028895