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Jan 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
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
7. Is this nonprofit corporation a homeowners association?
 Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 28. Country
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSEN, ERROL
MIAMI DADE COMMUNITY COLLEGE FOUNDATION
300 NE 2ND AVENUE
MIAMI FL 33132

81 Name
Eichenberg, Rosemary
82 Street Address (P.O. Box Number is Not Acceptable)
Miami-Dade Community College Foundation
83
300 NE 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 *Rosemary Eichenberg* 1/6/98

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	VCD	<input type="checkbox"/> DELETE
NAME	ARLAIN, RICARDO	
STREET ADDRESS	800 SW EIGHT STREET 23RD FLOOR	
CITY-ST-ZIP	MIAMI FL 47	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	RICHTER, WINSTON	
STREET ADDRESS	300 NE SECOND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROSEN, ERROL	
STREET ADDRESS	300 NE SECOND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STANTON, FRED	
STREET ADDRESS	1111 LINCOLN RD, STE 500	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BLANK, ANDREW S.	
STREET ADDRESS	3455 NW 54 STRET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARLAIN, RICARDO	
1.3 STREET ADDRESS	100 SE Second Street - 13th Floor	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sandra Gonzalez-Levy	
2.3 STREET ADDRESS	300 NE Second Avenue	
2.4 CITY-ST-ZIP	Miami, FL 33132	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alberto Rodriguez	
3.3 STREET ADDRESS	300 NE Second Avenue	
3.4 CITY-ST-ZIP	Miami, FL 33132	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Fred Stanton	
4.3 STREET ADDRESS	One SE Third Avenue - Suite 2400	
4.4 CITY-ST-ZIP	Miami, FL 33131	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	300002399423	
6.3 STREET ADDRESS	-01/14/98--01032--001	
6.4 CITY-ST-ZIP	***61.25	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alberto Rodriguez* Alberto Rodriguez, Tre. 1/7/98 (305)237-3248

CR2E037 (10/97)