

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 12 1998 8:00am
Secretary of State

DOCUMENT # N12783

(9)

1. Corporation Name

MIAMI-DADE COMMUNITY COLLEGE INTERAMERICAN CENTE
R OWNERS' ASSOCIATION, INC.

Principal Place of Business

627 SW 27TH AVE
MIAMI FL 33135

Mailing Address

11011 SW 104 STREET
ATTN: COMPTROLLER 300 N.E. 2nd Ave.
MIAMI FL 33176-3393
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/27/1985

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

9. Name and Address of Current Registered Agent

HANSEN, M DUANE
MASIKO HALL
11011 SW 104TH ST
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name Jeffrey D. Lukenbill
82 Street Address (P.O. Box Number is Not Acceptable)
Miami-Dade Community College
300 N.E. 2nd Avenue
83 City Miami, Florida
84 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

Jeffrey D. Lukenbill

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FINE, MARTIN	
STREET ADDRESS	11011 SW 104TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, J. T	
STREET ADDRESS	300 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BROOKNER, LESTER I	
STREET ADDRESS	11011 SW 104TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffrey D. Lukenbill
2.3 STREET ADDRESS	300 N.E. 2nd Avenue
2.4 CITY-ST-ZIP	Miami, Florida 33132
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jose A. Vicente
3.3 STREET ADDRESS	300 N.E. 2nd Avenue
3.4 CITY-ST-ZIP	Miami, Florida 33132
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

Jeffrey D. Lukenbill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/98

Date

Daytime Phone #

CR2E037 (5/98)