REINSTATEMENT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 28 PM 7:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N98000003594

1. Corporation Name
MIAMI-DADE RESIDENT COLLEGE, INC.

Principal Place of Business	Mailing Address
7190 PORT MARNOCK DRIVE MIAMI FL 33015	7190 PORT MARNOCK DRIVE MIAMI FL 33015

REINSTATEMENT 99P

2. Principal Place of Business	2a. Mailing Address
21 7217 N.E. Miami Court	26 P.O. Box 6912
Suite, Apt. #, etc. 22 Newberg Building	Suite, Apt. #, etc. 27
City & State 23 Miami, Florida	City & State 28 Miami, Florida
Zip / Country 24 33138 25	Zip / Country 29 33101 30

3. Date Incorporated or Qualified
06/19/1998 300003035429--5

4. FEI Number
65-0845130 -11/04/99--01082--005 ****245.00 ****245.00
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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Note: Phillip Davis is a former Circuit Court Judge and will exercise under Section 119.07(3)(i) confidentiality rights. DAVIS, PHILLIP [redacted]	81 Name: Phillip Davis 82 Street Address (P.O. Box Number is Not Acceptable): 7217 N.E. Miami Court 83 c/o Miami-Dade Resident College, Inc. 84 City: Miami, Florida FL 85 Zip Code: 33138

11. Pursuant to the provisions of Section 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 [signature] Phillip Davis 10/25/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	Director/President	☒ Change ☐ Addition
NAME	MARTIN, SYLVESTER		1.2 NAME	Guy Forch 300003035429--5	
STREET ADDRESS	2200 NW 54 ST APT 701		1.3 STREET ADDRESS	160 N.W. 101 St 99-01082--005	
CITY-ST-ZIP	MIAMI FL 33101		1.4 CITY-ST-ZIP	Miami, Florida ****245.00 ****245.00	
TITLE	D	☒ DELETE	2.1 TITLE	Director/Vice-President	☒ Change ☒ Addition
NAME	RICHARDSON, MARY		2.2 NAME	Helen Madison	
STREET ADDRESS	26145 SW 139 CT		2.3 STREET ADDRESS	26844 S.W.127 Avenue	
CITY-ST-ZIP	MIAMI FL 33101		2.4 CITY-ST-ZIP	Naranja, Florida 33032	
TITLE	D	☒ DELETE	3.1 TITLE	Director/Secretary	☒ Change ☐ Addition
NAME	TAYLOR, SHARON		3.2 NAME	Pamela Michel	
STREET ADDRESS	1586 SW 4TH ST, APT 210		3.3 STREET ADDRESS	2169 N.W.57 Street	
CITY-ST-ZIP	HOMESTEAD FL 33030		3.4 CITY-ST-ZIP	Miami, Florida 33142	
TITLE	D	☒ DELETE	4.1 TITLE	Director/Treasurer	☒ Change ☐ Addition
NAME	HURD, HENRIETTA		4.2 NAME	Betty Mullins	
STREET ADDRESS	186 SW 4TH ST, APT 204		4.3 STREET ADDRESS	26853 S.W. 128 Avenue	
CITY-ST-ZIP	HOMESTEAD FL 33030		4.4 CITY-ST-ZIP	Naranja, Florida 33032	
TITLE		☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME			5.2 NAME	Alarnetta Thompson	
STREET ADDRESS			5.3 STREET ADDRESS	26341 S.W. 139 Court	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Naranja, Florida 33032	
TITLE		☐ DELETE	6.1 TITLE	Chief Executive Officer	☒ Change ☐ Addition
NAME			6.2 NAME	Phillip Davis	
STREET ADDRESS			6.3 STREET ADDRESS	P.O. Box 4254	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, Florida 33101	

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: [signature] Phillip Davis 10/8/99 (305) 829-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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