

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00527

**Entity Name:** MIAMI-DADE COUNTY FAIR & EXPOSITION, INC.

**Current Principal Place of Business:**

10901 CORAL WAY  
MIAMI, FL 33165

**Current Mailing Address:**

10901 CORAL WAY  
MIAMI, FL 33165 US

**FEI Number:** 59-1039811

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORA, EDUARDO F  
10901 CORAL WAY  
MIAMI, FL 33165 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CORA, EDUARDO F  
Address        10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title            DIRECTOR  
Name            CARPENTER, WILLIE L  
Address        10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title            DIRECTOR  
Name            RODRIGUEZ, MANUEL J  
Address        10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title            DIRECTOR  
Name            CUEVAS, ROGER C  
Address        10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title            DIRECTOR  
Name            BELLIDO, NELSON C  
Address        10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title            DIRECTOR  
Name            ALEXANDER, IVONNE F  
Address        10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title            CHAIRWOMAN  
Name            GONZALEZ, ROBIU, GEORGINA  
Address        10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title            DIRECTOR  
Name            GRIFFITH, JACK  
Address        10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDUARDO CORA

**REGISTERED AGENT**

**05/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name KRINZMAN, RICHARD  
Address 10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title IMMEDIATE PAST CHAIRWOMAN  
Name MORRIS, MARGUERITE  
Address 10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title TREASURER  
Name MARTINEZ, ALEXIS  
Address 10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name ROJAS, MARIA T  
Address 10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name LORIA, DOUGLAS S  
Address 10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name GARCIA-TOLEDO, RAFAEL  
Address 10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title CHAIR-ELECT  
Name HEVIA, ROBERT  
Address 10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165

Title EX-OFFICIO  
Name OLCZYK, TERESA  
Address 10901 CORAL WAY  
City-State-Zip: MIAMI FL 33165