

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002028

Entity Name: DORAL COLLEGE, INC.**Current Principal Place of Business:**11100 NW 27TH STREET
BUILDING C-109
DORAL, FL 33172**Current Mailing Address:**6340 SUNSET DRIVE
MIAMI, FL 33143 US**FEI Number:** 65-1115240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DIRECTOR, CHAIRMAN
Name FUSTE, LUIS
Address 11100 NW 27TH STREET
BUILDING C-109
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name ABELLO, ROBERT DR.
Address 11100 NW 27TH STREET
BUILDING C-109
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name INFANTE, JUAN
Address 11100 NW 27TH STREET
BUILDING C-109
City-State-Zip: DORAL FL 33172

Title DIRECTOR, TREASURER
Name GRANT, WENDY
Address 11100 NW 27TH STREET
BUILDING C-109
City-State-Zip: DORAL FL 33172

Title DIRECTOR
Name VIGNOLO, SOPHIA
Address 11100 NW 27TH STREET
BUILDING C-109
City-State-Zip: DORAL FL 33172

Title VC, DIRECTOR
Name GARCIA, JUAN
Address 11100 NW 27TH STREET
BUILDING C-109
City-State-Zip: DORAL FL 33172

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: LUIS FUSTE

C

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date