

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000011041

**Entity Name:** MIAMI-DADE COUNTY FAIR SCHOLARSHIP FOUNDATION, INC.

**FILED**  
**Aug 29, 2018**  
**Secretary of State**  
**CC0292940773**

**Current Principal Place of Business:**

10901 CORAL WAY  
MIAMI, FL 33165

**Current Mailing Address:**

10901 CORAL WAY  
MIAMI, FL 33165

**FEI Number:** 47-2468576

**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 IMMEDIATE PAST CHAIRMAN  
Name CUEVAS, ROGER  
Address 10901 S.W. 24 STREET  
City-State-Zip: MIAMI FL 33165-2398

Title PRESIDENT  
Name CORA, EDUARDO F  
Address 10901 S.W. 24 STREET  
City-State-Zip: MIAMI FL 33165-2398

Title CHARIRWOMAN ELECT  
Name MORRIS, MARGUERITE  
Address 10901 S.W. 24 STREET  
City-State-Zip: MIAMI FL 33165-2398

Title CHAIRMAN  
Name BELLIDO, NELSON  
Address 10901 S.W. 24 STREET  
City-State-Zip: MIAMI FL 33165-2398

Title DIRECTOR  
Name RODRIGUEZ, MANUEL  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name ALEXANDER, IVONNE F.  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name CARPENTER, WILLIE L  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name DOTSON, ALBERT  
Address 10901 S.W. 24TH STREET  
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 F. CORA**

**PRESIDENT**

**08/29/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GARCIA-TOLEDO, RAFAEL  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name GRIFFITH, JACK  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name KRINZMAN, RICHARD  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name MARTINEZ, ALEXIS L  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title EX-OFFICIO  
Name OLCZYK, TERESA  
Address 10901 S.W. 24 STREET  
City-State-Zip: MIAMI FL 33165-2398

Title TREASURER  
Name GONZALEZ-ROBIOU, GEORGINA  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title SECRETARY  
Name HEVIA, ROBERT  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name LORIA, DOUGLASS S  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165

Title DIRECTOR  
Name ROJAS, MARIA T  
Address 10901 S.W. 24TH STREET  
City-State-Zip: MIAMI FL 33165