

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

**DOCUMENT # 701861 (7)**

1. Corporation Name  
**KIWANIS CLUB OF BISCAYNE BAY, INC.**



Principal Place of Business <b>ROOM 308 GERSTEIN JUSTICE BUILDING 1351 NW 12 ST MIAMI FL 33125 US</b>	Mailing Address <b>535 BIRD ROAD CORAL GABLES FL 33146-1307 US</b>
----------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>01/02/1961</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>59-0709941</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
-----------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent

**ROSINEK, JEFFREY  
535 BIRD ROAD  
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>STAN BLAKE</b>
STREET ADDRESS	<b>7810 SW 184TH ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GREEN, JR. E</b>
STREET ADDRESS	<b>775 N.W. 21ST STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>JEFFREY ROSINEK</b>
STREET ADDRESS	<b>535 BIRD ROAD</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SILVERMAN, SAUL H.</b>
STREET ADDRESS	<b>8430 S.W. 170TH TERR.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BRAWN, ARTHUR H.</b>
STREET ADDRESS	<b>5061 SW 95 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>MORRIS, MARC</b>
STREET ADDRESS	<b>90 EDGEWATER DR</b>
CITY-ST-ZIP	<b>MIAMI FL</b>

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do 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: *Saul Silverman* 4/23/97 305 667 4415

CR2E037 (9/96)