

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90010 005 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 701861 ✓OK

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

Principal Place of Business	Mailing Address
Room 308 Gerstein Justice Building 1351 N.W. 12 St. Miami, Fl 33125	535 Bird Road Coral Gables, Fl 33146-1307

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 535 Bird Road	26	01/02/1961
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0709941
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23 Coral Gables, Fl	28	\$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24 33146 25 US	29 30 US	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Rosinek, Jeffrey 535 Bird Road Coral Gables, Fl 33146	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <span style="float: right;">FL</span> 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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Fred Suco <input checked="" type="checkbox"/> DELETE 211 Deer Run Miami Springs, Fl 33166	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Matt Goldman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7190 S.W. 100 St. Miami, Fl 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Matt Goldman <input checked="" type="checkbox"/> DELETE 7190 S.W. 100 St. Miami, Fl. 33156	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeffrey Rosinek <input type="checkbox"/> DELETE 535 Bird Road Coral Gables, Fl. 33146	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Silverman, Saul H. <input type="checkbox"/> DELETE 8430 S.W. 170 Terr. Miami, Fl. 33157	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Green, Jr. E <input type="checkbox"/> DELETE 775 N.W. 21 St! Miami, Fl. 33127	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brawn, Arthur H. <input type="checkbox"/> DELETE 5061 S.W. 95 Court Miami, Fl. 33173	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Saul H. Silverman SAUL H. SILVERMAN 4/26/99 (305) 627 4415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #