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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90101 034 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715906

1. Corporation Name

ROTARY FOUNDATION OF MIAMI, FLORIDA, INC.

Principal Place of Business

334 MINORCA AVENUE
SUITE 100
MIAMI FL 33134
US

Mailing Address

334 MINORCA AVENUE
SUITE 100
MIAMI FL 33134
US



2. Principal Place of Business

21 269 Giralda Avenue

2a. Mailing Address

26 same

3. Date Incorporated or Qualified

01/17/1969

Suite, Apt. #, etc.

22 Suite 302

Suite, Apt. #, etc.

27 same

4. FEI Number

23-7091199

Applied For

Not Applicable

City & State

23 Coral Gables, FL

City & State

28 same

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 33134 25 USA

Zip Country

29 same 30 same

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ULLOM, MARCELYN
334 MINORCA AVENUE
SUITE 100
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

Marcelyn Ullom

82 Street Address (P.O. Box Number is Not Acceptable)

269 Giralda Avenue

83

Suite 302

84 City

Coral Gables

FL

85 Zip Code 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME WINGERTER, ROGER
STREET ADDRESS 4820 N.W. 99 COURT
CITY-ST-ZIP MIAMI FL 33178

TITLE VPD ☐ DELETE
NAME GUTIERREZ, EUGENE J
STREET ADDRESS 3912 DURANGO STREET
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE SVD ☒ DELETE
NAME SHELLEY, ROBERT J III
STREET ADDRESS 1080 LUGO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE SD ☐ DELETE
NAME ULLOM, MARCELYN
STREET ADDRESS 334 MINORCA AVENUE
CITY-ST-ZIP MIAMI FL 33134

TITLE D ☒ DELETE
NAME PARKER, GARTH R
STREET ADDRESS 1520 LUGO AVENUE
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE D ☒ DELETE
NAME DECKER, ROBERT W
STREET ADDRESS 1223 N.E. 99 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138-2642

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Arnold B. Galperin

1.3 STREET ADDRESS 5840 SW 116 Street

1.4 CITY-ST-ZIP Miami, FL 33156-5035

2.1 TITLE P/D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE S/D ☐ Change ☒ Addition

3.2 NAME Carlos Ruiz de Quevedo

3.3 STREET ADDRESS 1421 Cordova Street

3.4 CITY-ST-ZIP Coral Gables, FL 33134-2450

4.1 TITLE VP/D ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE T/D ☐ Change ☒ Addition

5.2 NAME James Wiggins

5.3 STREET ADDRESS 14500 SW 84 Avenue

5.4 CITY-ST-ZIP Miami, FL 33158-1415

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4/30/99

305/373-1588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)