


FILE NOW: FILING FEE IS \$61.25

FILED

Sep 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768141** (4)  
1. Corporation Name  
**KIWANIS CLUB OF HIALEAH, FLORIDA, INC.**



Principal Place of Business <b>398 W. 53 STREET HIALEAH FL 33012-9152</b>	Mailing Address <b>P.O. BOX 2152 HIALEAH FL 33012</b>
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3. Date Incorporated or Qualified <b>04/26/1983</b>	Applied For <input type="checkbox"/>
4. FEI Number <b>57-0787039</b>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 <b>7475 W. 4th Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 <b>HIALEAH, FL</b>	27 City & State 28
24 Zip <b>33014</b>	25 Country <b>USA</b>
29 Zip	30 Country

5. Certificate of Status Desired <input checked="" 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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**FUENTES, JOSE K  
15519 MIAMI LAKES WAY N.  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

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

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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FUENTES, JOSE K</b>		1.2 NAME	
STREET ADDRESS <b>15519 MIAMI LAKES WAY N.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI LAKES FL 33014</b>		1.4 CITY-ST-ZIP	
TITLE <b>DVP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DE LA MILARA, MARIA</b>		2.2 NAME	<b>DE LA MILARA, MARIA</b>
STREET ADDRESS <b>398 W. 53RD STREET</b>		2.3 STREET ADDRESS	<b>398 West 53 St.</b>
CITY-ST-ZIP <b>HIALEAH FL</b>		2.4 CITY-ST-ZIP	<b>Hialeah, Fl. 33012</b>
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALEMAN, FRANCES</b>		3.2 NAME	
STREET ADDRESS <b>11000 S.W. 23RD STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIRAMAR FL 33025</b>		3.4 CITY-ST-ZIP	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VELAZQUEZ, ARNOLD</b>		4.2 NAME	<b>ARNOLD VELAZQUEZ</b>
STREET ADDRESS <b>P.O. BOX 2152</b>		4.3 STREET ADDRESS	<b>2391 COTTONTAIL ROAD</b>
CITY-ST-ZIP <b>HIALEAH FL 33012</b>		4.4 CITY-ST-ZIP	<b>MIAMI LAKES 33014</b>
TITLE <b>DB</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODOLFO, GARCIA</b>		5.2 NAME	<b>RODOLFO GARCIA, JR.</b>
STREET ADDRESS <b>388 W. 21ST STREET</b>		5.3 STREET ADDRESS	<b>7475 W. 4th Avenue</b>
CITY-ST-ZIP <b>HIALEAH FL 33010</b>		5.4 CITY-ST-ZIP	<b>HIALEAH, FL 33014</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>DB Paez-Garcia, Vivian</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>19489 N.W. 14 St.</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Pembroke Pines FL 33024</b>

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 as an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (10/97)