

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000410

FILED  
Apr 29, 2012  
Secretary of State

**Entity Name:** KIWANIS OF MIAMI-LATIN, INC.

**Current Principal Place of Business:**

1447 MILLER ROAD  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 141802  
CORAL GABLES, FL 33114

**New Mailing Address:**

**FEI Number:** 59-1901319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRUZ-LEDON, EMILIO  
1447 MILLER ROAD  
CORAL GABLES, FL 33114 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: GONZALEZ, ERONIDES  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

Title: D  
Name: CALZON, CARMEN  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

Title: T  
Name: CRUZ-LEDON, EMILIO A  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

Title: P  
Name: CRUZ-LEDON, ANA MARGARITA  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

Title: D  
Name: SEARS, BEATRIZ C  
Address: P.O. BOX 141802  
City-St-Zip: CORAL GABLES, FL 33114

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: EMILIO A. CRUZ-LEDON

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04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date