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Mar 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34842 (7)

1. Corporation Name

KIWANIS CLUB OF COLOMBIA-U.S.A.-MIAMI, FLORIDA,
INC.

Principal Place of Business

Mailing Address

C/O ALVARO LOZANO
1890 W 4 AVE
HIALEAH FL 33010
USC/O ALVARO LOZANO
1890 W 4 AVE
HIALEAH FL 33010-2409
US3. Date Incorporated or Qualified
10/24/19893a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 5461 NW 72 Ave.

26 5461 NW 72 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 miami, FL

28 miami, FL

Zip Country

Zip Country

24 33166

25

29 33166

30

4. FEI Number

65-0155866

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOZANO, ALVARO
1890 W 4 AVE
HIALEAH FL 33010

81 Name

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

83 1915 W. 8 AVE

84 City

HIALEAH

FL

85 Zip Code

33010

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME MARULANDA, HECTOR
STREET ADDRESS 5461 NW 72 AVENUE
CITY-ST-ZIP MIAMI FL11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIPTITLE PD
NAME LOZANO, ALVARO
STREET ADDRESS 1890 W 4 AVE
CITY-ST-ZIP HIALEAH FL21 TITLE
22 NAME
23 STREET ADDRESS 1915 West 8th Avenue
24 CITY-ST-ZIPTITLE D
NAME GABRERA, CARLOS-A
STREET ADDRESS 12205 SW 71 COURT
CITY-ST-ZIP MIAMI FL31 TITLE
32 NAME CABRERA CARLOS
33 STREET ADDRESS
34 CITY-ST-ZIPTITLE D
NAME APRAEZ, JOSE A
STREET ADDRESS 9073 SW 138 PLACE
CITY-ST-ZIP MIAMI FL41 TITLE
42 NAME T GONZALO NAVARRO
43 STREET ADDRESS 8959 N.W. 152 LANE
44 CITY-ST-ZIP MIAMI LAKES, FL 33016TITLE DT
NAME CORTEZ, SILVIO
STREET ADDRESS 10651 N KENDALL DR. STE. 201
CITY-ST-ZIP MIAMI FL51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0022779

CR2E037 (9/96)