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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N34842

1. Corporation Name

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

Principal Place of Business	Mailing Address
~~5461 NW 72ND AVE~~ 3320 N.W. 35 AVE ~~MIAMI FL 33166~~ MIAMI, FL 33142 ~~US~~	5461 NW 72ND AVE (Delete MIAMI FL 33166 US 3320 N.W 35 AVE. MIAMI, FL 33142

2. Principal Place of Business	2a. Mailing Address
21 Carlos Londono	26 Carlos Londono
Suite, Apt. #, etc. 22 P O Box 660005	Suite, Apt. #, etc. 27 P O Box 660005
City & State 23 Miami	City & State 28 Miami
Zip / Country 24 33266 25	Zip / Country 29 33266 30

3. Date Incorporated or Qualified: 10/24/1989

4. FEI Number: 65-0155866 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LOZANO, ALVARO (Delete
1915 W. 8 AVE.
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: CARLOS LONDOÑO
82 Street Address (P.O. Box Number is Not Acceptable): 3320 N.W. 35 AVE
83
84 City: MIAMI FL 85 Zip Code: 33142

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARULANDA, HECTOR 5461 NW 72 AVENUE MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Harold Calle 1140 NW 185 Terr Pmbk Pines FL 33029	☒ Change ☒ Addition (Delete)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LONDONO, CARLOS 13666 SW 117TH AVE MIAMI FL 33186	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TREASURER GERMAN BELTRAN 2290 S.W 24 ST MIAMI, FL 33145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CABRERA, CARLOS 12205 SW 71 COURT MIAMI FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	German Beltran 2290 S.W 24 St Miami, FL 33145	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HURTADO, CARLOS 7825 SW 56TH ST CIR MIAMI FL 33155	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOMEZ, MARIO 7745 SW 183 TERR MIAMI FL 33157	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Alvaro D. Lozano, Capitan — SIGNATURE REQUIRED — A. Londoño — 01/19/99 — 305 638-3588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #