

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48705 (0)

1. Corporation Name
KIWANIS CLUB OF MIAMI, FLORIDA, INC.



Principal Place of Business
**1737 N BAYSHORE DR
MIAMI FL 33132
US**

Mailing Address
**P.O. BOX 330823
MIAMI FL 33233**

3. Date Incorporated or Qualified **05/04/1992** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

4. FEI Number **59-0320115** 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**

8. 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

**MARCH, DONALD F.
7515 SW 31ST STREET
MIAMI FL 33155**

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

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	FEINBERG, DYANNE E.	
STREET ADDRESS	631 SAN LORENZO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FORBES, WILBUR D	
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 3200	
CITY-ST-ZIP	MIAMI FL 33131-2384	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEATHERS, ROBERT A	
STREET ADDRESS	2501 SW 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAZZARELLA JR., JOHN R.	
STREET ADDRESS	2627 BISCAYNE BOULEVARD	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, GLEN E.	
STREET ADDRESS	9200 SOUTH DADELAND BOULEVARD, #110	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	5	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTINEZ, ANNE E.	
2.3 STREET ADDRESS	1900 BISCAYNE BLVD	
2.4 CITY-ST-ZIP	MIAMI FL 33137-4534	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1900 BISCAYNE BLVD	
4.4 CITY-ST-ZIP	MIAMI FL 33137-4534	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	P SCHEFF HAROLD J.	
6.3 STREET ADDRESS	4700 N. STATE ROAD 7 STE 119	
6.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33319	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: **2/15/96** DAYTIME PHONE #: **305 670-9077**

CR2E037 (12/95)