


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$235.25).**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

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DOCUMENT # N48705 (0)
 1. Corporation Name
KIWANIS CLUB OF MIAMI, FLORIDA, INC.



REINSTATEMENT
 DO NOT WRITE IN THIS SPACE

Principal Place of Business 1737 N BAYSHORE DR MIAMI FL 33132 US	Mailing Address P.O. BOX 330823 MIAMI FL 33233
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2. Principal Place of Business 21 Rod & Reel Club Suite, Apt. #, etc. 22 208 S. Hibiscus Island City & State 23 Miami, FL Zip 24 33139	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 US
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3. Date Incorporated or Qualified 05/04/1992	3a. Date of Last Report 02/21/1996
4. FEI Number 59-0320115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 MARCH, DONALD F.
 7515 SW 31ST STREET
 MIAMI FL 33155

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: *Donald F. March*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	FEINBERG, DYANNE E.	
STREET ADDRESS	631 SAN LORENZO	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, ANNE E.	
STREET ADDRESS	1900 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEATHERS, ROBERT A	
STREET ADDRESS	2501 SW 9TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAZZARELLA JR., JOHN R.	
STREET ADDRESS	1900 BISCAYNE BLVD	
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	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHEFF, HAROLD J.	
STREET ADDRESS	4700 N STATE ROAD 7, STE 119	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
1.2 NAME		
1.3 STREET ADDRESS	620 Alhambra Circle	
1.4 CITY-ST-ZIP	Coral Gables, FL 33134-3705	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	TETZELI, JOHN P.	
2.3 STREET ADDRESS	6981 S.W. 59th Street	
2.4 CITY-ST-ZIP	Miami, FL 33143-1829	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PERRY, JAMES F.	
6.3 STREET ADDRESS	7300 N. Kendall Dr. #519	
6.4 CITY-ST-ZIP	Miami, FL 33156	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Glen E. Smith* Smith, Treas 10/9/97 305 670-9057