

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 20 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>ROD &amp; REEL CLUB 206 S. HIBISCUS ISLAND MIAMI FL 33139 US</b>	Mailing Address <b>P.O. BOX 330823 MIAMI FL 33233</b>
--	--

3. Date Incorporated or Qualified <b>05/04/1992</b>		
4. FEI Number <b>59-0320115</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

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

9. Name and Address of Current Registered Agent <b>MARCH, DONALD F 7515 SW 31ST STREET MIAMI FL 33155</b>		01 Name	10. Name and Address of New Registered Agent	
		02 Street Address (P.O. Box Number is Not Acceptable)		
		03		
		04 City	FL	05 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEINBERG, DYANNE E</b>	1.2 NAME	
STREET ADDRESS	<b>620 ALHAMBRA CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134-3705</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TETZELI, JOHN P</b>	2.2 NAME	
STREET ADDRESS	<b>6981 S.W. 59TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33143-1829</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEATHERS, ROBERT A</b>	3.2 NAME	
STREET ADDRESS	<b>2501 SW 9TH AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33129-2222</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAZZARELLA, JOHN R JR.</b>	4.2 NAME	
STREET ADDRESS	<b>1900 BISCAYNE BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33137-4532</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, GLEN E</b>	5.2 NAME	
STREET ADDRESS	<b>9200 SOUTH DADELAND BOULEVARD, #110</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156-2703</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERRY, JAMES F</b>	6.2 NAME	
STREET ADDRESS	<b>7300 N. KENDALL DR. #519</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	6.4 CITY-ST-ZIP	

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 registered 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]* **GLEN E SMITH** 3/12/98 301-720-9000

CR2E037 (10/97)