

**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: \$236.25).**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001037 (0)**

1. Corporation Name  
**MIAMI KIWANIS YOUTH FOUNDATION, INC.**

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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**FILED**  
 97 NOV 10 AM 10:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT**

2. Principal Place of Business <b>21 Rod &amp; Reel Club</b> Suite, Apt. #, etc. <b>22 208 S. Hibiscus Island</b> City & State <b>23 Miami, FL</b> Zip <b>24 33139</b> Country <b>25 US</b>	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified <b>03/01/1994</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>58-0992992</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 31 STREET**  
**MIAMI FL 33155**

10. Name and Address of New Registered Agent  
 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: Donald J 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 <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>MARTINEZ, ANNE E.</b>	
STREET ADDRESS <b>1900 BISCAYNE BLVD</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>MAZZARELLA, JOHN R</b>	
STREET ADDRESS <b>1900 BISCAYNE BLVD</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>FEINBERG, DYANNE E</b>	
STREET ADDRESS <b>631 SAN LORENZO</b>	
CITY-ST-ZIP <b>CORAL GABLES FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>LEATHERS, ROBERT A</b>	
STREET ADDRESS <b>2501 SW 9 AVE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>SMITH, GLEN E</b>	
STREET ADDRESS <b>8340 SW 141 ST.</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SCHEFF, HAROLD J</b>	
STREET ADDRESS <b>4700 N STATE ROAD 7, STE 119</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>TETZELI, JOHN P.</b>	
1.3 STREET ADDRESS <b>6981 S.W. 59th Street</b>	
1.4 CITY-ST-ZIP <b>Miami, FL 33143-1829</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>700002346817</b>	
2.3 STREET ADDRESS <b>-11/13/97--01082--012</b>	
2.4 CITY-ST-ZIP <b>*****61.25 *****61.25</b>	
	<b>33137-4532</b>
3.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS <b>620 Alhambra Circle</b>	
3.4 CITY-ST-ZIP <b>Coral Gables, Fl 33134-3705</b>	
4.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP <b>700002346817</b>	
5.1 TITLE	
5.2 NAME <b>-11/13/97--01082--010</b>	
5.3 STREET ADDRESS <b>****175.00 ****175.00</b>	
5.4 CITY-ST-ZIP <b>33156-2703</b>	
6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>PERRY, James F.</b>	
6.3 STREET ADDRESS <b>7300 N. Kendall Dr. #519</b>	
6.4 CITY-ST-ZIP <b>Miami, FL 33156</b>	

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: Smith, Treas 10/9/97 305 670-9057

CR2E037 (4/97)