

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

**FILED**

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

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # N96000004924 (4)**  
1. Corporation Name  
**KIWANIS CLUB OF BISCAYNE BAY YOUTH FOUNDATION, INC.**



Principal Place of Business Mailing Address  
**535 BIRD ROAD CORAL GABLES FL 33134** **535 BIRD ROAD CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**09/20/1996**

4. FEI Number **65-0748368** 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**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**ROSINEK, JEFFREY**  
**535 BIRD ROAD**  
**CORAL GABLES FL 33134**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVERMAN, SAUL H</b>	1.2 NAME	
STREET ADDRESS	<b>8430 SW 170 TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRAWN, ARTHUR</b>	2.2 NAME	
STREET ADDRESS	<b>5061 SW 95 COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33165</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>GREEN, EDWIN M JR</b>	3.2 NAME	
STREET ADDRESS	<b>775 NW 21 STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MILLAN, STEVE</b>	4.2 NAME	<b>PRES</b>
STREET ADDRESS	<b>9511 SW 81 STREET</b>	4.3 STREET ADDRESS	<b>FRED SUCCO</b>
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	4.4 CITY-ST-ZIP	<b>211 DEER RUN</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4.1 TITLE  Change  Addition

4.2 NAME **PRES**

4.3 STREET ADDRESS **FRED SUCCO**

4.4 CITY-ST-ZIP **211 DEER RUN**

**MIAMI SPRINGS, FL 33166**

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.

SIGNATURE: *Saul H. Silverman* Director: **SAUL H. SILVERMAN** 4/16/98 (305) 667 4415

CR2E037 (10/97)