
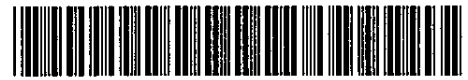


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 019 ****61.25

DOCUMENT # N99000003217			
1. Entity Name KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, INC.			
Principal Place of Business 1915 WEST 8TH AVENUE HIALEAH FL 33010		Mailing Address 1915 WEST 8TH AVENUE HIALEAH FL 33010	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-0920375		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARULANDA, HECTOR 8487 NW 191 STREET HIALEAH FL 33015		Name _____	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code _____	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARULANDA, HECTOR 8487 NW 191 STREET HIALEAH FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			PD CARLOS A. CABRERA 12205 S.W. 71 COURT PINECREST - FL. 33156
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZANO, ALVARO 1915 WEST 8TH AVE. MIAMI FL 33010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			VD ALVARO LOZANO 1915 WEST 8TH AVE MIAMI - FL. 33010
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, MARTIN R. 7102 NW 50 STREET MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			D LEON, MARTIN R. 7102 N.W. 50 ST. MIAMI - FL. 33166
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARNICA, CECILIA 32 S. ROYAL POINCIANA MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			TD MARIA L. MARULANDA 8487 N.W. 191 ST. MIAMI - FL. 33015
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria L. Marulanda **5/29/04** **305 887-8576**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
N99000003217
44046230

**KIWANIS CLUB COLOMBIAN-AMERICAN
OF MIAMI-DADE, INC**
1915 WEST 8th AVENUE
HIALEAH, FL. 33010



Miami, May 29, 2004

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P. O. BOX 6850
TALLAHASSEE, FL. 32314

A treasurer of Club Kiwanis Colombian-American of Miami Dade I am enclosing check # 1523 in the amount of \$ 61.25 in full payment of our corporate annual report, as well as check # 1524 in full payment of the corporate annual report of Kiwanis Club Colombian-American Foundation of Miami Dade.

Due to health reasons my sister had to undergo emergency surgery and had to leave the country and therefore, I was unable to mail the payments before the May 1, 2004 deadline. I am enclosing a copy of my airline ticket that shows the dates I was out of the country as well as a copy a certificate from the hospital where my sister had to be operated on twice during this time. I respectfully request that the late filing penalties be waived at this time. We are a small organization and such penalties would result in an undue financial burden for us. Thank you in advance for your cooperation in resolving this matter. If you wish to contact me I may be reach at (305) 887-8576 from 9:00 am to 6:00 pm

Sincerely,


Maria Lucia Marsland
Treasurer

Attachment
 # 1099 000003217
 44046232

AVIANCA SA BOLETIN EN COLOMBIANO / COLOMBIAN TICKETS

ESTE TIKETE ES DOCUMENTO EQUIVALENTE A LA FACTURA DE VENTA. ART. 83 DEL 11 DE 1993

ORIGEN/DESTINO / ORIGIN/DESTINATION: SITI

NIT8901005776

10993371 MQTDM

MIAMI

U.S.A.

NON REF/PNLTYS FOR REISS/REV
 CTA CORP ALL DESIGNS
 MARCELANDA/MARIALUCIA MRS

07 APR 04

CUPON DE PASAJERO PASSENGER COUPON

NO	TRANSPORTADOR	VUELO FLIGHT	CLASE CLASS	FECHA DATE	HORA TIME	EDD. RES.	BASE DE TARIFA	NO ES VALIDO ANTES NO IS VALID BEFORE	NO ES VALIDO DESPUES NO IS VALID AFTER	REOPAR LINE
X	AV	37W	08	08APR	1800	OK	WLPFLEV/CC10			08APR08APRZFC
X	AV	9941W	09	09APR	1130	OK	WLPFLEV/CC10			09APR09APRZFC
X	AV	9940W	18	18APR	0755	OK	WLPFLEV/CC10			18APR18APRZFC
X	AV	36W	18	18APR	1150	OK	WLPFLEV/CC10			18APR18APRZFC

US\$ 348.00

EDUY. PAGADO / EDUY. FARE PD. 169.20

NUC348.40RDE1.00 XT27.40US3.10XA2.50AYS.44CU3.00XF

AT 42.84

TC 3.00

XT 7.06

USD 402.44

FORMA Y NUMERO DE SERIE FORM AND SERIAL NUMBER: 134 2411179325 2

NO MARCAR NI ESCRIBIR EN ESTE RECUADRO DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE

1.1MARULANDA/MARIALUCIAMRS
 MIAAVNN 7APR SE9JEB
 3 AV9940 W WE 21APR AXMBOG HK1 X 0755 0845 CAB Y
 4 AV 36 W WE 21APR BOGFLN HK1 1150 1630 CAB Y
 CTC -MIA AV -H 305 887 2195
 TKT-E NON REF/PNLTYS FOR REISS/REV 2.E CTA CORP ALL DESIGNS
 3.C07APRMIA AV DN 1342411179325
 GEN FAX-OSIAV CTC APX AXM 7450656

Attachment

923397327

P01

#N99000003217

44046232

CLINICA

CENTRAL DEL QUINDIO S.A.

Se expide a petición del Interesado.

EL SUSCRITO DIRECTOR MÉDICO DE LA
CLÍNICA CENTRAL DEL QUINDIO S.A.

CERTIFICA

Que la Señorita ISABEL CRISTINA MEJIA TRUJILLO, Identificada con la C.C. 41.896.284, Ingreso a esta Institución Prestadora de Servicios de Salud el día 5 de Abril permaneciendo hospitalizada hasta el día 18 de Abril del presente año, sometida a 2 Cirugías Cerebrales, con diagnostico de Aneurisma Cerebral y HTA. Médico tratante Dr. CARLOS ALBERTO ZUÑIGA, Neurocirujano.

Para constancia se forma en Armenia - Quindío a los DIECIOCHO días del Mes de Abril de 2004.

Cordialmente,

CLINICA CENTRAL DEL QUINDIO S.A.

Tel. 800.000.070-5

Armenia - Quindío

BERNARDO GUTIERREZ MONTOYA
Director Médico

Attachment

923397327

P02

#1099000003217
44046232

CLINICA CENTRAL DEL QUINDIO S.A.
CARRERA 13 1 NORTE 35 - TEL. 7452579
NIT 890.000.070-5

MEDICAMENTOS FACTURADOS		Fecha	: Abr. 15/2004
Entidad	: VENTAS CONTADO	Salida No.	: 93920
Habitacion	: 304	Servicio de	: Hospitalizacion
Carnet	:	Usuario	: MONO

Codigo	MEDICAMENTO	Present	Cant	V/R UNITAR	V/R TOTAL
01M00430	CATAPRESAN 150 MGS *	TAB.	5	816.00	4.080.00
01M01393	HIDERAX 25MG *	TAB	1	1.081.00	1.081.00
01M00756	MONOPRIL 20MG *	TAB	1	4.194.00	4.194.00
PACIENTE: ISABEL G MEJIA				TOTAL :	9.355.00

Attachment
 920397327
 # N99000003217
 44046230

CLINICA CENTRAL DEL QUINDIO S.A.
 CARRERA 13 1 NORTE 35 - TEL.7452579
 NIT 890.000.070-5

MEDICAMENTOS FACTURADOS		Fecha	: Abr.17/2004
Entidad	: COMFENALCO	Salida No.	: 93923
Habitacion	: 304	Servicio de	: Hospitalizacion
Carnet	:	Usuario	: BETO

Codico	MEDICAMENTO	Present	Cant	V/R UNITAR	V/R TOTAL
01M00756	NONOPRIL 20MG *	TAB	2	4.194.00	8.388.00
01M01150	CORAZEM CD 120 MG *	TAB	2	3.706.00	7.412.00
01M01393	HIDERAX 25MG *	TAB	1	1.081.00	1.081.00
01M00430	CATAPRESAN 150 MGS *	TAB.	5	816.00	4.080.00
PACIENTE: ISABEL CRISTINA MEJIA TRUJILLO				TOTAL	: 20.961.00