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**May 10, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 715906**

1. Corporation Name

**ROTARY FOUNDATION OF MIAMI, FLORIDA, INC.**

Principal Place of Business

334 MINORCA AVENUE  
SUITE 100  
MIAMI FL 33134  
US

Mailing Address

334 MINORCA AVENUE  
SUITE 100  
MIAMI FL 33134  
US



2. Principal Place of Business

21 269 Giralda Avenue

Suite, Apt. #, etc.

22 Suite 302

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27 same

City & State

28 same

Zip

29 same

Country

30 same

3. Date Incorporated or Qualified

01/17/1969

4. FEI Number

23-7091199

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

9. Name and Address of Current Registered Agent

ULLOM, MARCELYN  
334 MINORCA AVENUE  
SUITE 100  
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name

Marcelyn Ullom

82 Street Address (P.O. Box Number is Not Acceptable)

269 Giralda Avenue

83

Suite 302

84 City

Coral Gables

FL

85 Zip Code

33134

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

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 ☒ DELETE

NAME PD  
WINGERTER, ROGER  
STREET ADDRESS 4820 N.W. 99 COURT  
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ DELETE

NAME VPD  
GUTIERREZ, EUGENE J  
STREET ADDRESS 3912 DURANGO STREET  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ DELETE

NAME SVD  
SHELLEY, ROBERT J III  
STREET ADDRESS 1080 LUGO AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☐ DELETE

NAME SD  
ULLOM, MARCELYN  
STREET ADDRESS 334 MINORCA AVENUE  
CITY-ST-ZIP MIAMI FL 33134

TITLE ☒ DELETE

NAME D  
PARKER, GARTH R  
STREET ADDRESS 1520 LUGO AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33156

TITLE ☒ DELETE

NAME D  
DECKER, ROBERT W  
STREET ADDRESS 1223 N.E. 99 STREET  
CITY-ST-ZIP MIAMI SHORES FL 33138-2642

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☐ Change

☒ Addition

1.2 NAME

Arnold B. Galperin

1.3 STREET ADDRESS

5840 SW 116 Street

1.4 CITY-ST-ZIP

Miami, FL

33156-5035

2.1 TITLE

P/D

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

S/D

☐ Change

☒ Addition

3.2 NAME

Carlos Ruiz de Quevedo

3.3 STREET ADDRESS

1421 Cordova Street

3.4 CITY-ST-ZIP

Coral Gables, FL

33134-2450

4.1 TITLE

VP/D

☒ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

T/D

☐ Change

☒ Addition

5.2 NAME

James Wiggins

5.3 STREET ADDRESS

14500 SW 84 Avenue

5.4 CITY-ST-ZIP

Miami, FL 33158-1415

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

4/30/99

305/373-1588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)