2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701861

Entity Name: KIWANIS CLUB OF BISCAYNE BAY, INC.

Current Principal Place of Business:

535 BIRD ROAD CORAL GABLES, FL 33146

Current Mailing Address:

535 BIRD ROAD CORAL GABLES, FL 33146 US

FEI Number: 59-0709941

Name and Address of Current Registered Agent:

ROSINEK, JEFFREY 535 BIRD ROAD CORAL GABLES, FL 33146 US

Date

Certificate of Status Desired: No

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

| Title | DIRECTOR | Title | DIRECTOR | | | |
|-----------------|--|-----------------|------------------------------|--|--|--|
| Name | ALVAREZ, MAYALY | Name | REICH, WILLIAM | | | |
| Address | 13617 SW 118 PATH | Address | 138 NE 108 STREET | | | |
| City-State-Zip: | MIAMI FL 33186 | City-State-Zip: | MIAMI SHORES FL 33161 | | | |
| Title | TREASURER | Title | SECRETARY | | | |
| Name | SILVERMAN, SAUL H | Name | GAYOSO, KELLIE | | | |
| Address | 8430 S.W. 170TH TERR. | Address | 4536 E 9 CT | | | |
| City-State-Zip: | MIAMI FL 33157 | City-State-Zip: | HIALEAH FL 33013 | | | |
| Title | PRESIDENT ELECT | Title | DIRECTOR | | | |
| Name | CALZON, CARMEN | Name | ARNOLD, ROBERT | | | |
| Address | 2123 SW 59 AVENUE | Address | 1200 BRICKELL AVENUE 1450 | | | |
| City-State-Zip: | MIAMI FL 33155 | City-State-Zip: | MIAMI FL 33131 | | | |
| Title | PAST PRESIDENT | Title | PRESIDENT | | | |
| Name | GAVIRIA, CARLOS | Name | HERNANDEZ, NELLIE | | | |
| Address | 1101 BRICKELL AVE 16 FL NORTH TOWER | Address | 7350 SW 89 CT 9025 | | | |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33156 | | | |
| | | | | | | |

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAUL SILVERMAN

TREASURER

04/15/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| Title | DIRECTOR | Title | DIRECTOR |
|-----------------|-------------------------------|-----------------|----------------------|
| Name | REY, RICHARD | Name | FUENTES, CARLOS |
| Address | 2 SOUTH BISCAYNE BLVD 3760 | Address | 1 NE 2 AVENUE 200 |
| City-State-Zip: | MIAMI FL 33131 | City-State-Zip: | MIAMI FL 33132 |
| Title | DIRECTOR | | |

Address 13002 SW 112 PLACE City-State-Zip: MIAMI FL 33176

MATUSOW, LEWIS

Name