

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000410

**Entity Name:** KIWANIS OF MIAMI-LATIN, INC.

**Current Principal Place of Business:**

1447 MILLER ROAD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

P.O. BOX 141802  
CORAL GABLES, FL 33114

**FEI Number:** 59-1901319

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRUZ-LEDON, EMILIO  
1447 MILLER ROAD  
CORAL GABLES, FL 33114 US

*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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title S  
Name GONZALEZ, ERONIDES  
Address P.O. BOX 141802  
City-State-Zip: CORAL GABLES FL 33114

Title D  
Name CALZON, CARMEN  
Address P.O. BOX 141802  
City-State-Zip: CORAL GABLES FL 33114

Title T  
Name CRUZ-LEDON, EMILIO A  
Address P.O. BOX 141802  
City-State-Zip: CORAL GABLES FL 33114

Title D  
Name CRUZ-LEDON, ANA MARGARITA  
Address P.O. BOX 141802  
City-State-Zip: CORAL GABLES FL 33114

Title D  
Name SEARS, BEATRIZ C  
Address P.O. BOX 141802  
City-State-Zip: CORAL GABLES FL 33114

Title PRESIDENT  
Name VILLOCH, GERALDINE  
Address P.O. BOX 141802  
City-State-Zip: CORAL GABLES FL 33114

*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:** EMILIO A CRUZ-LEDON

**TREASURER**

**06/26/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date