

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

JAN 14 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 768141

1. Corporation Name

KIWANIS CLUB OF HIALEAH, FLORIDA, INC.

Principal Place of Business

7475 W. 4TH AVE  
HIALEAH FL 33014  
US

Mailing Address

P.O. BOX 2152  
HIALEAH FL 33012



REINSTATEMENT 1999

2. Principal Place of Business

2a. Mailing Address

26

15519 MIAMI LAKES WAY N

27

Suite, Apt. #, etc.

203

28

City & State

MIAMI LAKES/FL

29

Zip

33014

30

USA

3. Date Incorporated or Qualified

04/26/1983

4. FEI Number

57-0787039

☒ 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

10. Name and Address of New Registered Agent

FUENTES, JOSE K  
15519 MIAMI LAKES WAY N.  
MIAMI LAKES FL 33014

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

Signature, typed or printed name of registered agent and title if applicable.

JOSE K. FUENTES

(NOTE: Registered Agent signature required when reinstating)

12/05/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PD~~ ☐ DELETE

NAME FUENTES, JOSE K  
STREET ADDRESS 15519 MIAMI LAKES WAY N.  
CITY-ST-ZIP MIAMI LAKES FL 33014

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

~~PAST PRES.~~ ☒ Change ☐ Addition

TITLE ~~DVP~~ ☐ DELETE

NAME DE LA MILARA, MARIA  
STREET ADDRESS 398 W. 53RD STREET  
CITY-ST-ZIP HIALEAH FL 33012

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SECRETARY ☒ Change ☐ Addition  
400003130914--5  
-02/10/00--01036--015  
\*\*\*\*236.25 \*\*\*\*236.25

TITLE ~~DS~~ ☐ DELETE

NAME ALEMAN, FRANCES  
STREET ADDRESS 11900 S.W. 23RD STREET  
CITY-ST-ZIP MIRAMAR FL 33025

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VICE PRESIDENT ☒ Change ☐ Addition

TITLE ~~DI~~ ☐ DELETE

NAME VELAZQUEZ, ARNOLD  
STREET ADDRESS 6991 COTTONTAIL RD  
CITY-ST-ZIP MIAMI LAKES FL 33014

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

PRESIDENT ☒ Change ☐ Addition  
8011 WEST 18TH LANE  
HIALEAH FL 33014

TITLE ~~DB~~ ☐ DELETE

NAME RODOLFO, GARCIA  
STREET ADDRESS 7475 W. 4TH AVE  
CITY-ST-ZIP HIALEAH FL 33016

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~DB~~ ☒ DELETE

NAME PAEZ-GARCIA, VIVIAN  
STREET ADDRESS 19489 N.W. 14ST  
CITY-ST-ZIP PEMBROKE PINES FL 33029

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TREASURER ☐ Change ☒ Addition  
DANIEL RUIZ  
13493 SW 39TH LANE  
MIAMI, FL 33177

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

12/21/99 30557-3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0002211