

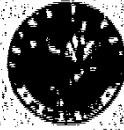
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra R. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N07251 (4)
1. Corporation Name
KIWANIS CLUB OF FLAMINGO-HIALEAH, INC.

Principal Place of Business Mailing Address
P.O. BOX 112538 HIALEAH FL 33011-2538

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/21/1985	3a. Date of Last Report 06/02/1994
4. FEI Number 59-2588917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent SANCHEZ, FELIX 1480 WEST 5TH COURT HIALEAH FL 33010	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ NOTE: Registered Agent signature required when reinstating. DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME DAVILA, VALENTIN	1.1 TITLE Board Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 217 EAST-14TH ST.	CITY-ST-ZIP HIALEAH FL 33010	1.2 NAME Ernesto "Tico" Alonso	
TITLE D - Secretary	NAME ARNAVAT, GUSTAVO R	1.3 STREET ADDRESS 8120 N.W. 166th St.	
STREET ADDRESS 1130 W 45 PL	CITY-ST-ZIP HIALEAH FL	1.4 CITY-ST-ZIP Miami, Fla. 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME GONZALEZ, EDDY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5180 EAST 4TH AVE.	CITY-ST-ZIP HIALEAH FL 33013	2.2 NAME	
TITLE PD	NAME SANCHEZ, FELIX	2.3 STREET ADDRESS	
STREET ADDRESS 1480 W 5 CT	CITY-ST-ZIP HIALEAH FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VO	NAME PEREZ, JERRY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 855 W 12 STR	CITY-ST-ZIP HIALEAH FL	3.2 NAME	
TITLE D - Vice	NAME GONZALEZ, WILFREDO	3.3 STREET ADDRESS	
STREET ADDRESS 5180 EAST 4TH AVE.	CITY-ST-ZIP HIALEAH FL 33013	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information furnished 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 a 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.

SIGNATURE _____ **Felix Sanchez - Pres.** 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR