

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO 7 251**
1. Corporation Name

Kiwanis Club Of Flamingo-Hialeah, Inc.

Principal Place of Business: **Hialeah**
Mailing Address: **P.O. Box 2172
Hialeah, Florida 33010**

3. Date Incorporated or Qualified: **7/24/85**
3a. Date of Last Report: **4/26/95**
4. FEI Number: **59-2588917**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**Felix Sanchez
1480 West 5th Court
Hialeah, Florida 33010**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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]* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE: **7/24/96**

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	Julio Robaina	
STREET ADDRESS	1397 West 63rd Street	
CITY-ST-ZIP	Hialeah, Florida 33012	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	Felix Sanchez	
STREET ADDRESS	1480 West 5th Court	
CITY-ST-ZIP	Hialeah, Florida 33010	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	Wilfredo Gonzalez	
STREET ADDRESS	5180 East 4th Avenue	
CITY-ST-ZIP	Hialeah, Florida 33013	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	Eddy Gonzalez	
STREET ADDRESS	5180 East 4th Avenue	
CITY-ST-ZIP	Hialeah, Florida 33013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Willy Zuniga	
STREET ADDRESS	4635 East 8th Lane	
CITY-ST-ZIP	Hialeah, Florida 33013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gustavo Arnavat	
STREET ADDRESS	1130 West 45th Place	
CITY-ST-ZIP	Hialeah, Florida 33012	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

4000019101004
-08/01/96--01009--034
***61.25

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 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.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **7/24/96**
Day/Time Phone #: **885-5415**

CR2E037 (12/95)