

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07251
1. Corporation Name

KIWANIS CLUB OF FLAMINGO-HIALEAH

Principal Place of Business	Mailing Address
P.O. BOX 112172 HIALEAH, FLORIDA 33011	

3. Date Incorporated or Qualified 1/21/85		3a. Date of Last Report 7/31/96	
2. Principal Place of Business #N07251		4. FEI Number 59-2588917	
21. Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FELIX SANCHEZ 1480 WEST 5TH COURT HIALEAH, FLORIDA 33010				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DS	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINA, JULIO			1.2 NAME			
STREET ADDRESS	1397 WEST 63RD STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FLORIDA 33012			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, FELIX			2.2 NAME			
STREET ADDRESS	1480 WEST 5TH COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FLORIDA 33010			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, EDDY			3.2 NAME			
STREET ADDRESS	5180 EAST 4TH AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FLORIDA 33013			3.4 CITY-ST-ZIP			
TITLE	EMP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, WILFREDO			4.2 NAME			
STREET ADDRESS	5180 EAST 4TH AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FLORIDA 33010			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUNIGA, WILLY			5.2 NAME			
STREET ADDRESS	4635 EAST 8TH LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FLORIDA 33013			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARRAVAT, GUSTAVO			6.2 NAME			
STREET ADDRESS	1130 WEST 45TH PLACE			6.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FLORIDA 33012			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (9/96)

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