

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07251** (4)  
1. Corporation Name  
**KWANIS CLUB OF FLAMINGO-HIALEAH, INC.**



Principal Place of Business <b>P.O. BOX 112172 HIALEAH FL 33011</b>	Mailing Address <b>P.O. BOX 112172 HIALEAH FL 33011</b>
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3. Date Incorporated or Qualified <b>01/21/1985</b>		
4. FEI Number <b>59-2588917</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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	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

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROBAINA, JULIO	
STREET ADDRESS	1397 WEST 63RD STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SANCHEZ, FELIX	
STREET ADDRESS	1480 WEST 5TH COURT	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GONZALEZ, EDDY	
STREET ADDRESS	5180 EAST 4TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GONZALEZ, WILFREDO	
STREET ADDRESS	5180 EAST 4TH AVE.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZUNIGA, WILLY	
STREET ADDRESS	4835 EAST 8TH LANE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNAVAT, GUSTAVO	
STREET ADDRESS	1130 WEST 45TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RENE GARCIA
5.3 STREET ADDRESS	217 EAST 63rd Street
5.4 CITY-ST-ZIP	Hialeah, FL 33013
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 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: \_\_\_\_\_

CR2E037 (10/97)