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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90124 024 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N07251**

1. Corporation Name

**KIWANIS CLUB OF FLAMINGO-HIALEAH, INC.**

Principal Place of Business

P.O. BOX 112172  
 HIALEAH FL 33011

Mailing Address

P.O. BOX 112172  
 HIALEAH FL 33011



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/21/1985

4. FEI Number

59-2588917

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

**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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **DS**  
**ROBAINA, JULIO**  
 STREET ADDRESS **1397 WEST 63RD STREET**  
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE  DELETE

NAME **DP**  
**SANCHEZ, FELIX**  
 STREET ADDRESS **1480 WEST 5TH COURT**  
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE  DELETE

NAME **DT**  
**GONZALEZ, EDDY**  
 STREET ADDRESS **5180 EAST 4TH AVE.**  
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE  DELETE

NAME **DVP**  
**GONZALEZ, WILFREDO**  
 STREET ADDRESS **5180 EAST 4TH AVE.**  
 CITY-ST-ZIP **HIALEAH FL 33013**

TITLE  DELETE

NAME **D**  
**GARCIA, R**  
 STREET ADDRESS **217 E 63 ST**  
 CITY-ST-ZIP **HIA FL 33013**

TITLE  DELETE

NAME **D**  
**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  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)