

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N21598** (0)

1. Corporation Name

**KIWANIS CLUB OF SOUTH MIAMI, INC.**



Principal Place of Business

Mailing Address

**PO BOX 431975  
SOUTH MIAMI FL 33143**

**PO BOX 431975  
SOUTH MIAMI FL 33143**

3. Date Incorporated or Qualified

**07/16/1987**

3a. Date of Last Report

**03/14/1995**

4. FEI Number

**65-0244250**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEMERT, M.H. PAUL  
6895 S.W. 99TH TERRACE  
MIAMI FL 33156**

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 **PD**  
STREET ADDRESS **CADMAN, GEORGE IV**  
CITY - ST - ZIP **9768 S.W. 106 TERRACE  
MIAMI FL 33176**

TITLE ☐ DELETE  
NAME **PED**  
STREET ADDRESS **KOLACINSKI, JOSEPH**  
CITY - ST - ZIP **MATH DEPT. UNIV. OF MIAMI  
CORAL GABLES FL 33124**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **NEUMANN, MIKE**  
CITY - ST - ZIP **8701 S.W. 144 STREET  
MIAMI FL 33176**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **PERCIVAL, LAWRENCE**  
CITY - ST - ZIP **11945 SW 127TH CT  
MIAMI FL 33186-4560**

TITLE ☐ DELETE  
NAME **ST**  
STREET ADDRESS **GREGORY, RICHARD**  
CITY - ST - ZIP **8101 S.W. 72 AVE. #419 W.  
MIAMI FL 33143**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE TIME PHONE #

0017951

CR2E037 (3/96)