

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 # **N26302** (2)
1. Corporation Name
KIWANIS CLUB OF WESTCHESTER INC.



Principal Place of Business: **5413 NW 74 AVE. P.O. BOX 440691 MIAMI FL 33166**
Mailing Address: **1550 MADRUGA AVE. #406 CORAL GABLES FL 33146 US**

3. Date Incorporated or Qualified: **05/05/1988**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **65-0050757**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **VICENS ROLANDO, 1550 MADRUGA AVE, STE 406, CORAL GABLES FL 33146**
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and 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	MORMENEO, FRANK	1.2 NAME	
STREET ADDRESS	P. O. BOX 44-0691 N/A	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTERO, ROBERTO	2.2 NAME	
STREET ADDRESS	P. O. BOX 44-0691 N/A	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	2.4 CITY-STATE-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRODEGUAS, VICENTE	3.2 NAME	
STREET ADDRESS	P. O. BOX 44-0641 N/A	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICENS, ROLADO	4.2 NAME	
STREET ADDRESS	1550 MADRUGA AVE., #406	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CORAL GABLES FL	4.4 CITY-STATE-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	VICENTE CARRODEGUAS
STREET ADDRESS		5.3 STREET ADDRESS	1550 MADRUGA AVE #406
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	CORAL GABLES FL 33146
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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]* Date: 1/15/96 (305) 6674415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ROLANDO VICENS Daytime Phone #

CR2E037 (12/95)