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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26302** (2)

1. Corporation Name

**KIWANIS CLUB OF WESTCHESTER INC.**

Principal Place of Business

Mailing Address

**5413 NW 74 AVE  
P.O. BOX 44-0691  
MIAMI FL 33166**

**1550 MADRUGA AVE.  
#406  
CORAL GABLES FL 33146  
US**

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

24 25

29 30

9. Name and Address of Current Registered Agent

**VICENS ROLANDO  
1550 MADRUGA AVE  
STE 406  
CORAL GABLES FL 33146**

3. Date Incorporated or Qualified

**05/05/1988**

4. FEI Number

**65-0050757**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☒ Yes ☐ No

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	MORMENEO, FRANK	
STREET ADDRESS	P. O. BOX 44-0691 N/A	
CITY-ST-ZIP	MIAMI FL	

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	CARRODEGUAS, VINCENT	
STREET ADDRESS	2121 PONCE DE LEON BLVD, #1100	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CARRODEGUAS, VICENTE	
STREET ADDRESS	P. O. BOX 44-0641 N/A	
CITY-ST-ZIP	MIAMI FL	

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	VICENS, ROLADO	
STREET ADDRESS	1550 MADRUGA AVE., #406	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DT PERDOMO, ALEXIS
2.3 STREET ADDRESS	1321 SW 107 Ave #201A
2.4 CITY-ST-ZIP	MIAMI, FL 33174

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DP PERDOMO, JOSE
3.3 STREET ADDRESS	1321 SW 107 Ave #201A
3.4 CITY-ST-ZIP	MIAMI, FL 33174

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DV GONZALEZ, EDUARDO
4.3 STREET ADDRESS	717 Ponce de Leon Blvd
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DV BERNAL, ALBERTO
5.3 STREET ADDRESS	4212 Laguna St
5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134

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: *Jose Perdomo* **Jose Perdomo** 2/22/98 (305) 511-9660

CP2E037 (10/97)