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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26302

1. Corporation Name
KIWANIS CLUB OF WESTCHESTER INC.

Principal Place of Business

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

Mailing Address

1550 MADRUGA AVE.
 #406
 CORAL GABLES FL 33146
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/05/1988
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0050757
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33144-0691 25	29 30	

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORMENEO, FRANK	1.2 NAME	Mormeneo, Frank
STREET ADDRESS	P. O. BOX 44-0691 N/A	1.3 STREET ADDRESS	4601 SW 142 Place
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33175
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDOMO, ALEXIS	2.2 NAME	PERDOMO, ALEXIS
STREET ADDRESS	1321 SW 107 AVE., #210A	2.3 STREET ADDRESS	10351 SW 20 Terrace
CITY-ST-ZIP	MAIMI FL 33174	2.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERDOMO, JOSE	3.2 NAME	Miguel Delgado
STREET ADDRESS	1321 SW 1097 AVE., #210A	3.3 STREET ADDRESS	1821 SW 92 Place
CITY-ST-ZIP	MAIMI FL 33174	3.4 CITY-ST-ZIP	Miami, FL 33165
TITLE	DV <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONZALEZ, EDUARDO	4.2 NAME	Jerry del Castillo
STREET ADDRESS	717 PONCE DE LEON BLVD	4.3 STREET ADDRESS	13705 SW 106 Terrace
CITY-ST-ZIP	CORAL GABLES FL 33134	4.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	DV <input type="checkbox"/> DELETE	5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, ALBERTO	5.2 NAME	Bernal, Alberto
STREET ADDRESS	4212 LAGUNA ST	5.3 STREET ADDRESS	437 Villa Bella
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-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-ST-ZIP		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] **SIGNATURE REQUIRED**

5/7/99 (305)552-3778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)