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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

05/05/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0050757

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip 25 Country

29 Zip 30 Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICENS ROLANDO
1550 MADRUGA AVE
STE 406
CORAL GABLES FL 33146

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 DELETE
NAME MORMENEO, FRANK
STREET ADDRESS P. O. BOX 44-0691 N/A
CITY-ST-ZIP MIAMI FL

1.1 TITLE DS Change Addition
1.2 NAME Mormeneo, Frank
1.3 STREET ADDRESS 4601 SW 142 Place
1.4 CITY-ST-ZIP Miami, FL 33175

TITLE DT DELETE
NAME PERDOMO, ALEXIS
STREET ADDRESS 1321 SW 107 AVE., #210A
CITY-ST-ZIP MAIMI FL 33174

2.1 TITLE DT Change Addition
2.2 NAME PERDOMO, ALEXIS
2.3 STREET ADDRESS 10351 SW 20 Terrace
2.4 CITY-ST-ZIP Miami, FL 33165

TITLE DP DELETE
NAME PERDOMO, JOSE
STREET ADDRESS 1321 SW 1097 AVE., #210A
CITY-ST-ZIP MAIMI FL 33174

3.1 TITLE DV Change Addition
3.2 NAME Miguel Delgado
3.3 STREET ADDRESS 1821 SW 92 Place
3.4 CITY-ST-ZIP Miami, FL 33165

TITLE DV DELETE
NAME GONZALEZ, EDUARDO
STREET ADDRESS 717 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES FL 33134

4.1 TITLE DV Change Addition
4.2 NAME Jerry del Castillo
4.3 STREET ADDRESS 13705 SW 106 Terrace
4.4 CITY-ST-ZIP Miami, FL 33186

TITLE DV DELETE
NAME BERNAL, ALBERTO
STREET ADDRESS 4212 LAGUNA ST
CITY-ST-ZIP CORAL GABLES FL 33134

5.1 TITLE DP Change Addition
5.2 NAME Bernal, Alberto
5.3 STREET ADDRESS 437 Villa Bella
5.4 CITY-ST-ZIP Coral Gables, FL 33146

TITLE DELETE
NAME
STREET ADDRESS
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/99 (305)552-3778
Date Daytime Phone #

CR2E037 (1/98)