## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1997 8:00am

Secretary of State

33182

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(6)

KIWANIS CLUB OF KEY BISCAYNE, INC.

147773141	O CLOD OF NET DIOON	112) 1110					
Principal Place	of Business	Mailing Add	ess				TO STORE I BIOLI DIBLE DIDLE DI BIOLI DI BIOLI
685 CURTISWOOD DRIVE KEY BISCAYNE FL 33149 US		685 CURTISWO KEY BISCAYN US	685 CURTISWOOD DRIVE KEY BISCAYNE FL 33149-2001 US			3. Date Incorporated or Qualified 06/27/1991	3a. Date of Last Report 06/13/1996
0 Dringing Di	ace of Business	Las Mailina A	ddronn			4. FEI Number	
<u> </u>	ace of pusitiess	⊢¬ ັ	2a. Mailing Address			65-0336509	Applied For Not Applicable
Suite, Apt.	# etc	<del></del>	Suite, Apt. #, etc.			00 000000	CQ 75 Additional
22	.,	F	27			5. Certificate of Status Desired	Fee Required
City & State	9		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28			Trust Fund Contribution	Added to Fees
Zip			Zip Country			8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	3	10			Yes 🔀 No
	9. Name and Address of Curr	ent Registered Age	nt			10. Name and Address of New Re	gistered Agent
				81	Name		
HAN, GREGORY				82	Street A	Address (P.O. Box Number is Not Acceptab	le)
	TISWOOD DRIVE						
KEY BIS	CAYNE FL 33147			83			
,,_,				84	City		85 Zip Code
11. Pursuant i	to the provisions of Sections 617.0	502 and 617.1508, F	lorida Statutes	the above	-named	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its registered
agent. La	m familiar with, and accept the obl	ligations of, Section (	617.0503, Flori	ida Statutes	лие согр 3.	ioration's board or offectors. Thereby accep	it the appointment as registered
SIGNATURE .							
Signature, typed or printed name of registered agent and title if applicable (NOT					ent signature	required when reinstating)	DATE
12.	<del></del>	AND DIRECTORS	1 per ere	13.	1	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	L	] DELETE	1.1 TITLE			Change Addition
NAME	SANTAMARIA, CARLOS	•		1.2 NAME			
STREET ADDRESS	199 OCEAN LN. DR. # 408	6		1.B STREET			
City-St-ZiP	KEY BISCAYNE FL 33145		DELETE	1.4 CITY - S	1-218		Change Addition
TITLE			1 DETELE	2 TITLE			tiange Li Addition
NAME	HAN, GREGORY			2.P NAME	1000000		
STREET ADDRESS	685 CURTISWOOD DR			2.B STREET			
CITY-ST-ZIP TITLE	KEY BISCAYNE FL 33145	<u></u>	DELETE	2.4 CITY-5	S1 - ZIP		Change X Addition
NAME	D MADTI DEDOND	V	- Secret	3.P NAME		Podolfo Gárcia	
STREET ADDRESS	MARTI, DEROND 77 CRANDON BLVD., #5-C			3 B STREET		RODOLFO GARCING	·
	KEY BISCAYNE FL 33145			3 A. CITY-S		* - *	424
CITY-ST-ZIP TITLE	D	Т	DELETE	4.1 TITLE	51-21	101140014 1 = 10	Change Addition
NAME	MARTI, SERGIO	_	, ,,,,,,,,	4. 2 NAME			E. Orango
STREET ADDRESS	77 CRANDON BLVD #5C			4.9 STREET	AUDBESS		
CITY-ST-ZIP	KEY BISCAYNE FL			4 CITY-S			
TITLE	NET DISONTHETE	Ε	DELETE	5.5 TITLE	11-211	<del>_</del>	Change Addition
NAME			•	5 P NAME		WAYRA PEREZ	= • =
STREET ADDRESS	•			5 B STREET		BILL SW 35 Terr	1sec
CITY-ST-ZIP		•		5 4 CITY - S		-	3218
TITLE			DELETF	6 TITLE		Ŷ <i>(</i> D	☐ Change 💌 Addition
NAME				6.2 NAME		PAPARL ERDONISIS	
STREET ADDRESS	•					42 NW 133 Place	

6 CITY-ST-ZIP 14. I do 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 armuel teport is truly and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or effector 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 it changed, or of an attachment with an accirety.