

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44097** (6)

1. Corporation Name

KWANIS CLUB OF KEY BISCAYNE, INC.

Principal Place of Business

Mailing Address

**685 CURTISWOOD DRIVE
KEY BISCAYNE FL 33149
US**

**685 CURTISWOOD DRIVE
KEY BISCAYNE FL 33149
US**



3. Date Incorporated or Qualified

06/27/1991

4. FEI Number

65-0336509

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

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
Country

29
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAN, GREGORY
685 CURTISWOOD DRIVE
KEY BISCAYNE FL 33147**

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANTAMARIA, CARLOS	
STREET ADDRESS	199 OCEAN LN. DR. # 4086	
CITY-ST-ZIP	KEY BISCAYNE FL 33145	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAN, GREGORY	
STREET ADDRESS	685 CURTISWOOD DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33145	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARCIA, RODOLFO	
STREET ADDRESS	413 SW 89 PLACE	
CITY-ST-ZIP	MIAMI FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTI, SERGIO	
STREET ADDRESS	77 CRANDON BLVD #5C	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, MAYRA	
STREET ADDRESS	8121 SW 35 TERR	
CITY-ST-ZIP	MIAMI FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JR R	
STREET ADDRESS	42 NW 133 PLACE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RODRIGUEZ, MAYRA	
1.3 STREET ADDRESS	2498 SW 35 Ave	
1.4 CITY-ST-ZIP	MIAMI, FL 33129	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RODRIGUEZ, MAYRA

4.24.98

305.271.7627

Date

Daytime Phone #

0030548

CR2E037 (10/97)