

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90653 028 ****61.25

DOCUMENT # N94000002675

1. Entity Name
KIWANIS CLUB CORAL GABLES LATIN, INC.



Principal Place of Business

**782 NW 42ND AVENUE
SUITE #328
MIAMI, FL 33126**

Mailing Address

**782 NW 42ND AVENUE
SUITE #328
MIAMI, FL 33126**

94080523



DO NOT WRITE IN THIS SPACE

04302004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0495620

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SOLANO, AQUILES R
782 NW 42ND AVENUE
SUITE #328
MIAMI, FL 33126**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **PICHS, VICTOR**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **TD**
NAME **SOLANO, YOLANDA**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **VPD**
NAME **SOLANO, AQUILES R**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D**
NAME **BONETTI, FERNANDO**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D**
NAME **SIXTO, JORGE F**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D**
NAME **LEAL, ALEIDA**
STREET ADDRESS **782 NW 42ND AVENUE #328**
CITY-ST-ZIP **MIAMI, FL 33126**

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aquiles R. Solano Vice-President 4/30/04 (786) 210-9539