

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90004 042 ****61.25

DOCUMENT # N98000000189

1. Corporation Name

HIALEAH-MILANDERS LIONS CLUB, INC.

Principal Place of Business

1755 W. 39TH PLACE
HIALEAH FL 33012

Mailing Address

1755 W. 39TH PLACE
HIALEAH FL 33012

590936 - 90004 - 32 6 *



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

65-0189306

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

9. Name and Address of Current Registered Agent

ALONZO, MANUEL
1755 W. 39TH PLACE
HIALEAH FL 33012

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WICKETT, HENRY
19803 NW 67 CT.
MIAMI FL 33015

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
CASANOVAS, JULIO
4867 NW 168 TERR
OPA-LOCKA FL 33055

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WICKETT, PAT
19803 NW 67 CT
MIAMI FL 33015

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GOODMAN, STANLEY
909 E 8 AVE.
HIALEAH FL 33010

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HERNANDEZ, WILFREDO
781 E 38 ST
HIALEAH FL 33013

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ALONZO, MANUEL
81 W 64 ST
HIALEAH FL 33015

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
DV
MARTINEZ, HECTOR
3941 NW 59 AVE
Virginia Gardens, FL 33166

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

MANUEL ALONZO

Date

Daytime Phone #

CR2E037 (5/99)