2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2004 8:00 am
Secretary of State
06-08-2004 90002 019 ****61.25

DOCUMENT # N99000003217

1. Entity Name

KIWANIS CLUB COLOMBIAN-AMERICAN OF MIAMI DADE, INC.

Principal Place of Business	Mailing Address
1915 WEST 8TH AVENUE HIALEAH FL 33010	1915 WEST 8TH AVENUE HIALEAH FL 33010

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0920375 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARULANDA, HECTOR 8487 NW 191 STREET HIALEAH FL 33015	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS $61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARULANDA, HECTOR 8487 NW 191 STREET HIALEAH FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLOS A. CABRERA 12205 S.W. 71 COURT PINECREST – FL. 33156 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOZANO, ALVARO 1915 WEST 8TH AVE. MIAMI FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVARO LOZANO 1915 WEST 8th AVE MIAMI – FL. 33010 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEON, MARTIN R 7102 NW 50 STREET MIAMI FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, MARTIN R. 7102 N.W. 50 ST. MIAMI – FL. 33166 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARNICA, CECILIA 52 S. ROYAL POINCIANA MIAMI FL 33166 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARIA L. MARULANDA 8487 N.W. 191 ST. MIAMI – FL. 33015 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Maria L. Marulanda — 5/29/04 — 305 887-8576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

attachment
N99000003217
44046232

KIWANIS CLUB COLOMBIAN-AMERICAN
OF MIAMI-DADE, INC
1915 WEST 8th AVENUE
HIALEAH, FL. 33010

Miami, May 29,2004

DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P. O. BOX 6850
TALLAHASSEE, FL. 32314

A treasurer of Club Kiwanis Colombian-American of Miami Dade I am enclosing check # 1523 in the amount of $ 61.25 in full payment of our corporate annual report, as well as check # 1524 in full payment of the corporate annual report of Kiwanis Club Colombian-American Foundation of Miami Dade.

Due to health reasons my sister had to undergo emergency surgery and had to leave the country and therefore, I was unable to mail the payments before the May 1, 2004 deadline. I am enclosing a copy of my airline ticket that shows the dates I was out of the country as well as a copy a certificate from the hospital where my sister had to be operated on twice during this time. I respectfully request that the late filing penalties be waived at this time. We are a small organization and such penalties would result in an undue financial burden for us. Thank you in advance for your cooperation in resolving this matter. If you wish to contact me I may be reach at (305) 887-8576 from 9:00 am to 6:00 pm

Sincerely,

María L. Marulanda

Maria Lucia Marulanda
Treasurer

Attachment
#N99 000003217
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EMITIDO POR / ISSUED BY: AVIANCA SA

BOLETOS EN COMUNICACION / CONJUNCTION TICKETS

NON REF/PNLTYS FOR REISS/REV
CTA CORP ALL DESIGNS
MARULANDA/MARIALUCIA MRS

FECHA DE EMISION / DATE OF ISSUE: 07APR04

ORIGEN/DESTINO / ORIGIN/DESTINATION: SITI

SE9JE8

EXPEDIDO EN CONTRA DE / ISSUED IN EXCHANGE FOR

CUPON DE PASAJERO
PASSENGER COUPON

ESTE TIQUETE ES DOCUMENTO EQUIVALENTE A LA FACTURA DE VENTA. ART 8.D.R.1165/96

NIT8901005776
10993371 MQTDM
MIAMI
U.S.A.

LUGAR DE EXPEDICION / PLACE OF ISSUE

X/O		TRANSPORTADOR	VUELO FLIGHT	CLASE CLASS	FECHA	HORA	EDO. RES.	BASE DE TARIFA	SO ES VALIDO ANTES	NO ES VALIDO DESPUES	EQUIPAJE LIBRE
	FORT LAUDERDA FLL	AV	37	W	08APR	1800	OK	WLPFLEV7CC10	08APR	08APR	2PC
X	BOGOTA BOG	AV	9941	W	09APR	1130	OK	WLPFLEV/CC10	09APR	09APR	2PC
	ARMENIA AXM	AV	9940	W	18APR	0755	OK	WLPFLEV/CC10	18APR	18APR	2PC
X	BOGOTA BOG	AV	36	W	18APR	1150	OK	WLPFLEV/CC10	18APR	18APR	2PC
	FORT LAUDERDA FLL										

	PIEZAS/PCS	PESO/WT	PIEZAS/PCS	PESO/WT	PIEZAS/PCS	PESO/WT	PIEZAS/PCS	PESO/WT

TARIFA / FARE: USD 348.00 CALCULO DE TARIFA / FARE CALCULATION: 04FLL AV X/BOG AV AXM Q5.00 169.20AV X/BOG AV FLL Q5.00 169.20NUC348.40ROE1.00 XT27.40US3.10XA2.50AY6.44CO3.00XF

EQUIV. PAGADO / EQUIV. FARE PD.

IMPUESTO/TASA/CARGO / TAX/FEE/CHARGE: XT 42.44

IMPUESTO/TASA/CARGO / TAX/FEE/CHARGE: TC 3.00

IMPUESTO/TASA/CARGO / TAX/FEE/CHARGE: XT 7.00CC

TOTAL: USD 402.44

FORMA DE PAGO / FORM OF PAYMENT: CA 5497400046550 8/014309

CÓDIGO AP / APP CODE

CÓDIGO DE LA AGENCIA / TOUR CODE: IT0049

INF. AGENTE / A/L AGENT INFO

NUMERO DE CONTROL / CONTROL NO.

ORIGINAL EXPEDIDO / ORIGINAL ISSUE

CUPON CPV | CLAVE LINEA AEREA AIRLINE CODE: 134 | FORMA Y NUMERO DE SERIE FORM AND SERIAL NUMBER: 2411179325 | DC CK: 2

NO MARCAR NI ESCRIBIR EN ESTE RECUADRO
DO NOT MARK OR WRITE IN THE WHITE AREA ABOVE

REV. 10/02 — datamark systems 1221(ST) — Printed in Canada

1.1MARULANDA/MARIALUCIAMRS
MIAAVMN /APR SE9JE8
3 AV9940 W WE 21APR AXMBOG HK1 X 0755 0845 CAB Y
4 AV 36 W WE 21APR BOGFLL HK1 1150 1630 CAB Y
CTC -MIA AV -H 305 887 2195
TKT-E NON REF/PNLTYS FOR REISS/REV 2.E CTA CORP ALL DESIGNS
3.C07APRMIA AV DM 1342411179325
GEN FAX-OSIAV CTC APX AXM 7450656

Attachment 923397327 P01
#N99000003217
44046232

CLINICA
CENTRAL DEL QUINDIO S.A.

Se expide a petición del Interesado.

EL SUSCRITO DIRECTOR MÉDICO DE LA CLÍNICA CENTRAL DEL QUINDIO S.A.

CERTIFICA

Que la Señorita **ISABEL CRISTINA MEJIA TRUJILLO**, Identificada con la C.C. **41.896.284**, Ingreso a esta Institución Prestadora de Servicios de Salud el día 5 de Abril permaneciendo hospitalizada hasta el día 18 de Abril del presente año, sometida a 2 Cirugías Cerebrales, con diagnostico de Aneurisma Cerebral y HTA. Médico tratante Dr. **CARLOS ALBERTO ZUÑIGA**, Neurocirujano.

Para constancia se forma en Armenia - Quindío a los **DIECIOCHO** días del Mes de Abril de 2004.

Cordialmente,

CLINICA CENTRAL DEL QUINDIO S.A.
NIT 890.000.070-5
Armenia - Quindio

BERNARDO GUTIERREZ MONTOYA
Director Médico

#N99000003217
44046232

CLINICA CENTRAL DEL QUINDIO S.A.

CARRERA 13 1 NORTE 35 - TEL.7452579

NIT 890.000.070-5

MEDICAMENTOS FACTURADOS

Entidad	: VENTAS CONTADO	Fecha	: Abr.16/2004
Habitacion	: 304	Salida No.	: **93920**
Carnet	:	Servicio de	: Hospitalizacion
		Usuario	: MONO

Codigo	MEDICAMENTO	Present	Cant	V/R UNITAR	V/R TOTAL
01M00430	CATAPRESAN 150 MGS *	TAB.	5	816.00	4.080.00
01M01393	HIDERAX 25MG *	TAB	1	1.081.00	1.081.00
01M00756	MONOPRIL 20MG *	TAB	1	4.194.00	4.194.00
PACIENTE: ISABEL C MEJIA			T O T A L :		9.355.00

Attachment
#N99000003217
N4046232

CLINICA CENTRAL DEL QUINDIO S.A.

CARRERA 13 1 NORTE 35 - TEL.7452579

NIT 890.000.070-5

MEDICAMENTOS FACTURADOS

Entidad : COMFENALCO
Habitacion : 304
Carnet :

Fecha : Abr.17/2004
Salida No. : **93923**
Servicio de : Hospitalizacion
Usuario : BETO

Codigo	MEDICAMENTO	Present	Cant	V/R UNITAR	V/R TOTAL
01M00756	MONOPRIL 20MG *	TAB	2	4.194.00	8.388.00
01M01150	CORAZEM CD 120 MG *	TAB	2	3.706.00	7.412.00
01M01393	HIDERAX 25MG *	TAB	1	1.081.00	1.081.00
01M00430	CATAPRESAN 150 MGS *	TAB.	5	816.00	4.080.00

PACIENTE: ISABEL CRISTINA MEJIA TRUJILLO

T O T A L : 20.961.00