FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

213012 DOCUMENT #

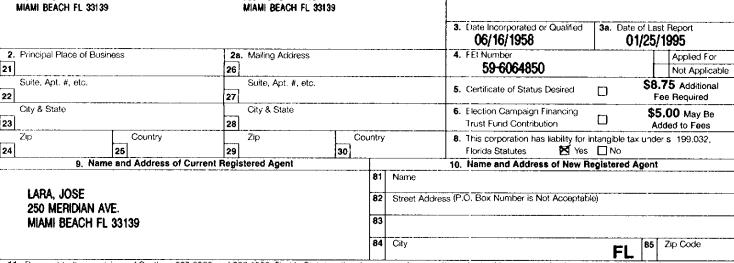
(8)

FRATERNITY HOUSE, INC.

Principal Place of Business

Mailing Address

250 MERIDIAN AVE MIAMI BEACH FL 33139 250 MERIDIAN AVE



11. Pursuant to the provisions of Sections 607,0502 and 607,1508, 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 objections of, Section 607,0505, Florida Statutes.

SIGNATURE	Lisk Haliv 30				4-13-96
Signature, typed or printed name of registered agent and title if anythicable (NOTE: Registered Agent signature required when reinclating) DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1. 1 TITLE	•	Change Addition
NAME	LARA, JOSE		1.2 NAME		
STREET ADDRESS	250 MERIDAN AVE		1.3 STREET ADDRESS		
CHTY - \$T - ZIP	MIAMI BCH. FL		1.4 CITY - S1 - 2IF		
THLE	V	☐ DELETE	2. 1 TITLE		Change Addition
NAME	reyes, rafael		2.2 NAME		
STREET ADDRESS	250 MERIDIAN AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2 4 CITY - ST - ZIP		
TITLE	\$	D ELÉTE	3. 1 TITLE	\$	Change Addition
NAME	PUIG, ELENA		3.2 NAME	WINGATE DOUBLAS	
STREET ADDRESS	250 MERIDIAN AVENUE		3.3 STREET ADDRESS	250 MERIDIAN AU	
CrTY-ST-7IP	MIAMI BEACH FL		3.4 CI1Y - \$1 - ZIF	MIAHI BEACH PL.	
TrīLE	P	DELETE	4. 1 TITLE	P	Change
NAME	DE LA PORTILL, ANDRES M		4.2 NAME	GALICO JACK	
STREET ADDRESS	250 MERIDIAN AVE APT 1		4.3 STREET ADDRESS	250 MERIDIAN AV	
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY - ST - ZIF	MIAH. BEACH PL	
TITLE		DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - \$1 - ZIP		
THLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - \$1 - ZIP			6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gales ST GNING OFFICER OR DIRECTOR

4-13-96-604-9766-

CR2E034 (12/95)