

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 213012 (8)

1. Corporation Name  
FRATERNITY HOUSE, INC.



Principal Place of Business: 250 MERIDIAN AVE MIAMI BEACH FL 33139  
Mailing Address: 250 MERIDIAN AVE MIAMI BEACH FL 33139-7085

3. Date Incorporated or Qualified: 06/16/1958  
3a. Date of Last Report: 04/18/1996

2. Principal Place of Business: 21  
2a. Mailing Address: 26

4. FEI Number: 59-6064850  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired:   
\$8.75 Additional Fee Required

City & State: 23  
28

6. Election Campaign Financing Trust Fund Contribution:   
\$5.00 May Be Added to Fees

Zip: 24  
Country: 25  
29  
30

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARA, JOSE  
250 MERIDIAN AVE.  
MIAMI BEACH FL 33139

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City: FL 05 Zip Code

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	T	<input type="checkbox"/> DELETE
NAME	LARA, JOSE	
STREET ADDRESS	250 MERIDIAN AVE	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REYES, RAFAEL	
STREET ADDRESS	250 MERIDIAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<del>WINGATE, DOUGLAS</del>	
STREET ADDRESS	<del>250 MERIDIAN AVE</del>	
CITY-ST-ZIP	<del>MIAMI BEACH FL 33139</del>	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<del>GALIGO, JACK</del>	
STREET ADDRESS	<del>250 MERIDIAN AVE</del>	
CITY-ST-ZIP	<del>MIAMI BEACH FL 33139</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH NICHOLSON	
3.3 STREET ADDRESS	250 MERIDIAN AV. APT 4	
3.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
4.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARD ALLEMAN	
4.3 STREET ADDRESS	68 BARROW ST., N.Y.C.	
4.4 CITY-ST-ZIP	10014-3735	
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 do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appear in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jose H. Galigo* 2-5-97 (305) 534-5330

CR2E034 (9/96)