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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005434

1. Corporation Name

Capitulo Epsilon Columbia Boriquen, Inc.

Principal Place of Business	Mailing Address
7270 N.W. 12th St. Suite 340 Miami, FL 33126-1928	7270 N.W. 12th St. Suite 340 Miami, FL 33126-1928

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 7270 N.W. 12th St. Suite, Apt. #, etc. 22 Suite 761 City & State 23 Miami, FL Zip Country 24 33126-1929 25	26 7270 N.W. 12th St. Suite, Apt. #, etc. 27 Suite 761 City & State 28 Miami, FL Zip Country 29 33126-1929 30	11/15/95 4. FEI Number 65-0624776 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
del Valle, Manuel R. 7270 N.W. 12th St. Suite 340 Miami, FL 33126-1928	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12th St. 83 Suite 761 84 City Miami FL 85 Zip Code 33126-1929

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ward, Frederick	1.2 NAME	
STREET ADDRESS	8290 Lake Dr., Apt. 113	1.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33166	1.4 CITY - ST - ZIP	
TITLE	D/VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vega, David	2.2 NAME	
STREET ADDRESS	6301 Simmons St.	2.3 STREET ADDRESS	
CITY - ST - ZIP	Miami Lakes, FL 33014	2.4 CITY - ST - ZIP	
TITLE	D/T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	del Valle, Manuel R.	3.2 NAME	
STREET ADDRESS	14435 S.W. 84th Ct.	3.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33158	3.4 CITY - ST - ZIP	
TITLE	D/S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duquesne, Pedro J.	4.2 NAME	
STREET ADDRESS	11944 S.W. 100th Terr.	4.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33186	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 R. del Valle 4/20/99 (305) 477-2234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)