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FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000003487 (2)

1. Corporation Name

SIGMA PHI EPSILON FLORIDA NU CHAPTER ALUMNI ASSO
CIATION, INC.



Principal Place of Business

Mailing Address

C/O MR. BENJAMIN SARDINAS
100 SE 2ND ST SUITE 4650
MIAMI FL 33131

C/O MR. BENJAMIN SARDINAS
100 SE 2ND ST SUITE 4650
MIAMI FL 33131

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

N/A

Applied For

☒ Not Applicable

2. Principal Place of Business

21 C/O Benjamin Sardinas

Suite, Apt. #, etc.

22 3049 Mary St

City & State

23 MIAMI FL

24 33133

Country

25 USA

2a. Mailing Address

26 C/O Benjamin Sardinas

Suite, Apt. #, etc.

27 3049 Mary St

City & State

28 MIAMI FL

29 33133

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADORSKY, MARSHA G
2665 S BAYSHORE DR
SUITE 603
MIAMI FL

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

TITLE ☐ DELETE

NAME DP
STREET ADDRESS VASTA, CHRISTOPHER T
CITY - ST - ZIP 4712 SW 67TH AVE G15
MIAMI FL 33155

TITLE ☐ DELETE

NAME DV
STREET ADDRESS ORTIZ, NATHANIEL
CITY - ST - ZIP 11776 SW 108TH LN
MIAMI FL 33186

TITLE ☐ DELETE

NAME DS
STREET ADDRESS SARDINAS, BENJAMIN
CITY - ST - ZIP 3049 MARY ST
MIAMI FL 33133

TITLE ☐ DELETE

NAME DT
STREET ADDRESS GAVIRIA, FRANCISCO J
CITY - ST - ZIP 10450 SW 126TH AVE
MIAMI FL 33186

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

[Signature] Benjamin A. Sardinas

4/28/98

(305) 460 6363

CR2E037 (10/97)