FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 JAN 30 AM 9:48

DOCUMENT # 728040 (7)

1. Corporation Name

ALPHA OMEGA FOUNDATION OF ZETA BETA TAU FRATERNITY, INC.

Principal Place of Business	Mailing Address
% JEFFREY S. KRAMER 7000 SW 62ND AVE., #500 MIAMI FL 33143	% JEFFREY S. KRAMER 7000 SW 62ND AVE., #500 MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1974
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-0817798 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 7700 N. KENDALL Dr.	26 7700 N. KENDALL Dr
Suite, Apt. #, etc. 22 Suite 803	Suite, Apt. #, etc. 27 Suite 803
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33156 Country 25 USA	Zip 29 33156 Country 30 USA

9. Name and Address of Current Registered Agent

KRAMER, JEFFREY S.
7000 SW 62ND AVE
PH-B
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL Dr
83 Suite 803
84 City Miami FL 85 Zip Code 33156

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	BRITAN, SCOTT S.	1.2 NAME	
STREET ADDRESS	7700 SW 88 ST 610	1.3 STREET ADDRESS	7700 N. KENDALL Dr, S-803
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	ADLER, LESLIE	2.2 NAME	
STREET ADDRESS	1320 S. DIXIE HIGHWAY #1061	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	KRAMER, JEFFREY S.	3.2 NAME	
STREET ADDRESS	7000 SW 62 AV 500	3.3 STREET ADDRESS	7700 N. KENDALL Dr, S-803
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-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)(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.

SIGNATURE: Jeffrey S Kramer Jeffrey S. Kramer 1-17-95 (305)2742111
SIGNATURE(S) & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047480