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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743673

1. Corporation Name

TAU KAPPA EPSILON OF CORAL GABLES, INCORPORATED

Principal Place of Business

P.O. BOX 24-8559
CORAL GABLES, FL 33146

Mailing Address

P.O. BOX 24-8559
CORAL GABLES, FL 33146



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/21/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1871488	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SUERO, ORLANDO G
1911 SW 179TH AVENUE
MIRAMAR FL 33029

10. Name and Address of New Registered Agent

81 Name **Moslemi, Troy N.**
82 Street Address (P.O. Box Number is Not Acceptable)
215 S.W. 17 Ave.
83 **Ste. 205**
84 City **Miami** FL 85 Zip Code **33135**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	SUERO, ORLANDO G	1.2 NAME	Ritchie, Charles M
STREET ADDRESS	1911 SW 179TH AVE	1.3 STREET ADDRESS	321 SE 15 Ave
CITY-ST-ZIP	MIRAMAR FL 33029	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301
TITLE	VPD	2.1 TITLE	VPD
NAME	MOSLEMI, TROY N	2.2 NAME	Moslemi, Troy N.
STREET ADDRESS	2800 BISCAYNE BLVD., STE 900	2.3 STREET ADDRESS	215 S.W. 17 Ave., Ste 205
CITY-ST-ZIP	MIAMI FL 33137	2.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	TD	3.1 TITLE	TO
NAME	GEORGE, DAVID G	3.2 NAME	Kengkaj Sukcharoenphan
STREET ADDRESS	7500 SW 59TH AVE. #A1	3.3 STREET ADDRESS	9454 S.W. 88 St., #2B
CITY-ST-ZIP	MIAMI-FL-33143	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 (305) 644-6822
Date Daytime Phone #

CR2F037-1110A