

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704140 (3)

1. Corporation Name
EPSILON-BETA HOUSE CORPORATION



Principal Place of Business
**10717 SW 104 STREET
MIAMI FL 33176**

Mailing Address
**10717 SW 104 STREET
MIAMI FL 33176**

3. Date Incorporated or Qualified
06/08/1962

3a. Date of Last Report
03/22/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 23-7324786		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		25 Country		29 Country		30	

9. Name and Address of Current Registered Agent

**ATTY PHILIP F LUDOVICI
730 PERRINE AVE
MIAMI, FL
33157**

10. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> DELETE
NAME	WALT ETLING	
STREET ADDRESS	662 NE 105 STREET	
CITY - ST - ZIP	MIAMI SHORES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOONTHORNSIMA, W.	
STREET ADDRESS	14831 PALMETTO PALM AVE.	
CITY - ST - ZIP	MIAMI LAKES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BENEFILED, WM H	
STREET ADDRESS	1261 ALGARDI AVE.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CALLANDER, RALPH	
STREET ADDRESS	4920 S.W. 76 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VALERIANI, NICK	
STREET ADDRESS	3515 E. GLENCOE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUDOVICI, PHIL	
STREET ADDRESS	17047 SO DIXIE HWY	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wm. H. Benefield, Pres./Dir

4/22/96 305-665-6384

Date

Daytime Phone #

CR2E037 (12/95)