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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

704140 DOCUMENT #

(3)

EPSILON-BETA HOUSE CORPORATION

Principal Place of Business 10717 SW 104 STREET MIAM! FL 33176		Mailing Address	Mailing Address				
		10717 SW 104 STREET MIAMI FL 33176					
					3. Date Incorporated or Qualified 06/08/1962	3a. Date of Las 03/22/1	
Principal Place of Business		2a. Mailing Address 26			4. FEI Number 23-7324786		Applied For Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		5 Additional	
City & State	e	City & State			6. Election Campaign Financing	_ \$5.0	O May Be
3 Zip	Country	28 Zip	Cour	nto.	Trust Fund Contribution	Add	ed to Fees
•	25	29	30	m y	This corporation has liability for Florida Statutes	intangible tax under s Yes No	. 199.032,
	9. Name and Address of Curre				10. Name and Address of New F		
				81 Name	TO. Flame and Addition of Hell)	registered Agent	
ATTY PH	IILIP F LUDOVICI		-	O Chanal Ada	(D.O. P M		
730 PERRINE AVE MIAMI, FL					Street Address (P.O. Box Number is Not Acceptable)		
33157	L			B3			
				B4 City			p Code
or register	to the provisions of Sections 617.050 ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	02 and 617.1508, Florida State orida. Such change was author ction 617.0503. Florida Statute	utes, the abovinged by the co	e-named corpo prporation's boa	oration submits this statement for the pul ard of directors. I hereby accept the app	rpose of changing its ointment as registered	registered offic d agent. I am
		and to the cools, though brighter	BS.				
IGNATURE _	Signature, typed or printed name of registered age			gent signature require	ed when reinstativy)	DATE	
IGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable (f				DATE ICERS AND DIRECTO	DRS IN 12
IGNATURE	Signature, typed or printed han is of registered age OFFICERS AI	ent and title if applicable (f	NOTE Registere 1 A	gent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF		
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Wm

305-665-6384