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Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

10717 SW 104 STREET
MIAMI FL 33176

10717 SW 104 STREET
MIAMI FL 33176-8162



3. Date Incorporated or Qualified

06/08/1962

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

23-7324786

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATTY PHILIP F LUDOVICI
730 PERRINE AVE
MIAMI, FL
33157

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WALT ETLING
STREET ADDRESS 662 NE 105 STREET
CITY-ST-ZIP MIAMI SHORES FL

TITLE SD ☐ DELETE

NAME SOONTHORNSIMA, W.
STREET ADDRESS 14831 PALMETTO PALM AVE.
CITY-ST-ZIP MIAMI LAKES FL

TITLE TD ☐ DELETE

NAME BENEFIELD, WM H
STREET ADDRESS 1261 ALGARDI AVE.
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☐ DELETE

NAME CALLANDER, RALPH
STREET ADDRESS 4920 S.W. 76 ST.
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME VALERIANI, NICK
STREET ADDRESS 3515 E. GLENCOE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME LUDOVICI, PHIL
STREET ADDRESS 17047 SO DIXIE HWY
CITY-ST-ZIP MIAMI FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

W. H. BENEFIELD 4-4-97 305-665-6284

CR2E037 (9/96)