

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N48174 (9)**

1. Corporation Name

PI KAPPA ALPHA GAMMA OMEGA HOUSING AND ALUMNI ASSOCIATION, INC.

FILED

96 SEP -4 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

701 BRICKELL AVE
STE 1900
MIAMI FL 33131
US

701 BRICKELL AVE
STE 1900
MIAMI FL 33131
US

3. Date Incorporated or Qualified
04/02/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **2601 S. Bayshore Dr.**

2a. Mailing Address
26 **2601 S. Bayshore Dr.**

Suite, Apt. #, etc.
22 **Ste. 1600**

Suite, Apt. #, etc.
27 **Ste. 1600**

City & State
23 **Miami, FL**

City & State
28 **Miami, FL**

Zip
24 **33133**

Country
25 **U.S.A.**

Zip
29 **33133**

Country
30 **U.S.A.**

4. FEI Number
65-0355421

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

GUTIERREZ, NICOLAS J. JR.
701 BRICKELL AVE
STE 1900
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2601 S. Bayshore Dr.

83

Ste. 1600

84 City

Miami

FL

85 Zip Code

33133

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 **Nicholas J. Gutierrez, Jr., Esq., Sec./Dir.**

4/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **GUTIERREZ, NICOLAS J. JR.**
CITY-ST-ZIP **701 BRICKELL AVE, STE 1900**
MIAMI FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2601 S. BAYSHORE DR., STE. 1600
MIAMI, FL 33133

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KRALL, PETER A.**
CITY-ST-ZIP **13300 SW 109TH PL.**
MIAMI FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Miami, FL 33176

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LARSON, RAYMOND M.**
CITY-ST-ZIP **30855 SW 205 AVE**
MIAMI FL 33030

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

700001946187
-09/12/95 --01100 --018
*******61.25 *****61.25**

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **MENDELSBERG, SCOTT W.**
CITY-ST-ZIP **8208 SW 81ST TERRACE**
MIAMI FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

10861 SW 120th St.
Miami, FL 33176

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **O'STEEN, SCOTT**
CITY-ST-ZIP **8045 SW 107TH AVENUE**
MIAMI FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

8045 SW 107th Ave, Ste. 219
Miami, FL 33173

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: **Nicholas J. Gutierrez, Jr., Esq., Sec./Dir.** **4/30/96** **(85) 860-7051**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)