

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY 16 PM 3:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N48174 (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

~~2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133
US~~

~~2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133-5419
US~~

3. Date Incorporated or Qualified
04/02/1992

3a. Date of Last Report
09/04/1996

2. Principal Place of Business

2a. Mailing Address

21 701 Brickell Ave.

26 701 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste. 2150

27 Ste. 2150

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

24 33131 25 USA

29 33131 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GUTIERREZ, NICOLAS J. JR.
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133~~

81 Name Gutierrez Jr, Ev. Nicolas J.
82 Street Address 701 Brickell Ave.
83 Ste. 2150
84 City Miami, FL 85 Zip 33131

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 re-registering)

DATE 4/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME GUTIERREZ, NICOLAS J. JR.
STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 1600
CITY-ST-ZIP MIAMI FL 33133

1.1 TITLE
1.2 NAME Gutierrez Jr, Ev. Nicolas J.
1.3 STREET ADDRESS 701 Brickell Ave.
1.4 CITY-ST-ZIP Miami, FL 33131

TITLE D
NAME KRALL, PETER A.
STREET ADDRESS 13300 SW 109TH PL.
CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DP
NAME MENDELSBERG, SCOTT W.
STREET ADDRESS 10861 SW 120TH STREET
CITY-ST-ZIP MIAMI FL 33176

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME O'STEEN, SCOTT
STREET ADDRESS 8845 SW 107TH AVENUE, SUITE 210
CITY-ST-ZIP MIAMI FL 33173

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: Nicolas J. Gutierrez Jr, Ev. 3/10 4/13/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

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~~MIAMI FL 33133-3410~~

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3a. Date of Last Report
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26 701 Brickell Ave.

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27 Suite, Apt. #, etc.

23 Ste. 2150

27 Ste. 2150

23 City & State Miami, FL

27 City & State Miami, FL

23 Zip 33131

27 Zip 33131

23 Country USA

27 Country USA

4. FEI Number

65-0355421

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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.

2601 S. BAYSHORE DRIVE

SUITE 1600

MIAMI FL 33133

81 Name

Gutierrez, Jr., Ex. Nicholas J.

82 Street Address

701 Brickell Ave.

83 Suite, Apt. #, etc.

Ste. 2150

84 City

Miami

FL

85 Zip

33131

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., Ex.* (NOTE: Registered Agent signature required when relocating.) DATE: 4/13/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME GUTIERREZ, NICOLAS J. JR.

STREET ADDRESS 2601 S. BAYSHORE DRIVE, SUITE 1600

CITY-ST-ZIP MIAMI FL 33133

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

Gutierrez, Jr., Ex. Nicholas J.

1.3 STREET ADDRESS

701 Brickell Ave.

1.4 CITY-ST-ZIP

Miami FL 33131

TITLE D ☐ DELETE

NAME KRALL, PETER A.

STREET ADDRESS 13300 SW 109TH PL.

CITY-ST-ZIP MIAMI FL 33176

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LARSON, RAYMOND M.

STREET ADDRESS 30855 SW 205 AVENUE

CITY-ST-ZIP MIAMI FL 33030

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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-05/22/97--01136--003

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TITLE DP ☐ DELETE

NAME MENDELSBERG, SCOTT W.

STREET ADDRESS 10861 SW 120TH STREET

CITY-ST-ZIP MIAMI FL 33176

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME O'STEEN, SCOTT

STREET ADDRESS 6045 SW 107TH AVENUE, SUITE 210

CITY-ST-ZIP MIAMI FL 33173

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

701 Brickell Ave., Ste. 2150

Miami FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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 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: *Nicholas J. Gutierrez, Jr., Ex.* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/13/97 DAYTIME PHONE: #10026163

CR2E037 (9/96)