

FILE NOW: FILING FEE IS \$61.25

61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N48174

1. Corporation Name

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

Principal Place of Business  
1101 BRICKELL AVE STE 1400  
MIAMI FL 33131

Mailing Address  
1101 BRICKELL AVE STE 1400  
MIAMI FL 33131



99 MAY -3 AM 10:42

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/02/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0355421
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

GUTIERREZ, NICOLAS J. JR.  
1101 BRICKELL AVE STE 1400  
MIAMI FL 33131

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, NICOLAS J. JR.	1.2 NAME	
STREET ADDRESS	1101 BRICKELL AVE STE 1400	1.3 STREET ADDRESS	600002874516--8
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	-05/13/99--01111--002
TITLE	D	2.1 TITLE	****522.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRALL, PETER A.	2.2 NAME	
STREET ADDRESS	13300 SW 109TH PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, RAYMOND M.	3.2 NAME	
STREET ADDRESS	30855 SW 205 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33030	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDELSBERG, SCOTT W.	4.2 NAME	
STREET ADDRESS	10861 SW 120TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'STEEN, SCOTT	5.2 NAME	
STREET ADDRESS	1101 BRICKELL AVE STE 1400	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered

SIGNATURE:

Nicolas J. Gutierrez Jr., Esq. Sec. 4/14/99 (305) 573-0320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (11/98)