

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000005434 (4) 1. Corporation Name <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> Capitulo Epsilon Columbia Boriquen, Inc.			
Principal Place of Business		Mailing Address	
7270 N.W. 12th St. Suite 340 Miami, FL 33126-1928		7270 N.W. 12th St. Suite 340 Miami, FL 33126-1928	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26	
22 City & State		27	
23 Zip		28	
Country		Country	
24		30	
3. Date Incorporated or Qualified		11/15/95	
4. FEI Number		Applied For	
65-0624776		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	
7. Is this nonprofit corporation a homeowners association?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
del Valle, Manuel R. 7270 N.W. 12th St. Suite 340 Miami, FL 331		81 Name	
		Add middle initial "R."	
		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	D/P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costas, Manuel E.	1.2 NAME	
STREET ADDRESS	10951 S.W. 161st Place	1.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33196	1.4 CITY - ST - ZIP	
TITLE	D7VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vega, David	2.2 NAME	
STREET ADDRESS	6301 Simmons St.	2.3 STREET ADDRESS	
CITY - ST - ZIP	Miami Lakes, FL 33014	2.4 CITY - ST - ZIP	
TITLE	D7T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	del Valle, Manuel R.	3.2 NAME	
STREET ADDRESS	14435 S.W. 84th Ct.	3.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33158	3.4 CITY - ST - ZIP	
TITLE	D7S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruiz, Jorge A.	4.2 NAME	
STREET ADDRESS	13704 S.W. 107th Terr.	4.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL	4.4 CITY - ST - ZIP	
TITLE	D7P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ward, Frederick A.	5.2 NAME	
STREET ADDRESS	8290 Lake Dr., Apt. 113	5.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33166	5.4 CITY - ST - ZIP	
TITLE	D7S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DuQuesne, Pedro J.	6.2 NAME	
STREET ADDRESS	11944 S.W. 100th Terr.	6.3 STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33186	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)(l), 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.		800002514218 -05/06/98--01115--031 ***61.25	
SIGNATURE: <i>Manuel R. del Valle</i>		Date: 4/22/98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (305) 477-2234	