

FILE NOW FILING FEE IS \$61.25

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90026 035 \*\*\*\*61.25

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|---|---|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b> | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|

**DOCUMENT #** N95000005434 ✓  
 1. Corporation Name  
 Capitulo Epsilon Columbia Boriquen, Inc.

|   |   |
|---|---|
| Principal Place of Business                             | Mailing Address   |
| 7270 N.W. 12th St.<br>Suite 340<br>Miami, FL 33126-1928 | 7270 N.W. 12th St.<br>Suite 340<br>Miami, FL 33126-1928 |

|   |   |  |
|---|---|--|
| 2. Principal Place of Business  | 2a. Mailing Address   | 3. Date Incorporated or Qualified  |
| 21 7270 N.W. 12th St.<br>Suite, Apt. #, etc.<br>22 Suite 761<br>City & State<br>23 Miami, FL<br>Zip Country<br>24 33126-1929 25 | 26 7270 N.W. 12th St.<br>Suite, Apt. #, etc.<br>27 Suite 761<br>City & State<br>28 Miami, FL<br>Zip Country<br>29 33126-1929 30 | 11/15/95<br>4. FEI Number<br>65-0624776<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent                                 | 10. Name and Address of New Registered Agent  |
| del Valle, Manuel R.<br>7270 N.W. 12th St.<br>Suite 340<br>Miami, FL 33126-1928 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>7270 N.W. 12th St.<br>83 Suite 761<br>84 City<br>Miami FL 85 Zip Code<br>33126-1929 |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D/P<br>Ward, Frederick<br>8290 Lake Dr., Apt. 113<br>Miami, FL 33166 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D/VP<br>Vega, David<br>6301 Simmons St.<br>Miami Lakes, FL 33014 <input checked="" type="checkbox"/> DELETE     | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D/T<br>del Valle, Manuel R.<br>14435 S.W. 84th Ct.<br>Miami, FL 33158 <input type="checkbox"/> DELETE           | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D/S<br>Duquesne, Pedro J.<br>11944 S.W. 100th Terr.<br>Miami, FL 33186 <input type="checkbox"/> DELETE          | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | D/P<br>Rodriguez, Andres<br>13814 S.W. 139th Ct.<br>Miami, FL 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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, with all other like empowered.

**SIGNATURE:** Manuel R. del Valle **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 4/20/99 **Date** (305) 477-2234 **Daytime Phone #**

CR2E037 (11/98)