


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002566 (5)**

1. Corporation Name

PHI SIGMA KAPPA LAMBDA SEPTATON, INC.



Principal Place of Business	Mailing Address
PHI SIGMA KAPPA, FLA. INTERNATIONAL UNIV., UNIVERSITY PARK MIAMI FL 33199	PHI SIGMA KAPPA, FLA. INTERNATIONAL UNIV., UNIVERSITY PARK MIAMI FL 33199

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1996	3a. Date of Last Report
4. FEI Number 650-66-6796	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	PD	1.1 TITLE	PD
NAME	TRELLES, ERIC A	1.2 NAME	Asion, Andres
STREET ADDRESS	PHI SIGMA KAPPA, FLA. INTERNATIONAL UNIV.,	1.3 STREET ADDRESS	Same
CITY-ST-ZIP	MIAMI FL 33199	1.4 CITY-ST-ZIP	Same
TITLE	VD	2.1 TITLE	VD
NAME	PLA, BRIAN	2.2 NAME	Herran, Javier
STREET ADDRESS	PHI SIGMA KAPPA, FLA. INTERNATIONAL UNIV.,	2.3 STREET ADDRESS	Same
CITY-ST-ZIP	MIAMI FL 33199	2.4 CITY-ST-ZIP	Same
TITLE	TD	3.1 TITLE	TD
NAME	LAMBERT, JASON	3.2 NAME	Suero, ARMAND
STREET ADDRESS	PHI SIGMA KAPPA, FLA. INTERNATIONAL UNIV.,	3.3 STREET ADDRESS	Same
CITY-ST-ZIP	MIAMI FL 33199	3.4 CITY-ST-ZIP	Same
TITLE	SD	4.1 TITLE	SD
NAME	AZCUY, JORGE	4.2 NAME	del Rio, Eduardo V.
STREET ADDRESS	PHI SIGMA KAPPA, FLA. INTERNATIONAL UNIV.,	4.3 STREET ADDRESS	Same
CITY-ST-ZIP	MIAMI FL 33199	4.4 CITY-ST-ZIP	Same
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, unchanged, or on an attachment with an address.

SIGNATURE **SIGNATURE: REQU... 10/15/97**

(205) 531-4121

CR2E037 (4/97)