**FILED** 

May 31, 2000 8:00 am Secretary of State

04-28-2000 90020 019 \*\*\*\*61.25

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## DOCUMENT # N99000005057 1. Entity Name

## ALPHA CHI HOUSE CORPORATION OF DELTA DELTA

Principal Place of Business

Mailing Address

5200 UNIVERSITY DRIVE, SUITE 202 PANHELLENIC BUILDING CORAL GABLES FL 33146 5200 UNIVERSITY DRIVE. SUITE 202 PANHELLENIC BUILDING

ORAL GABLES FL 33146		CORAL GABLES FL 33146			1 18 <b>6</b> 1998 101	o ( 1818 1911) ( 1811) ( 1811) (	A112 <b>88</b> 133 <b>68</b> 361 1	NASI <b>Kala</b> n masa	1881 1881	
2. Principal Pla	ace of Business	3. Mailing Address W. 173 TEFRACE		Œ						
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		MIAMI FL		4.	4. FEI Number 65-0949 188 Applied For Not Applicable					
Zip	Country	2ip 33157 Country USA			5. Certificate of Status Desired See Required Fee Required					
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
			- 'Name	-		و مدرست	~	-		
CLAUSSEN, KENNETH F				Street Address (P.O. Box Number is Not Acceptable)						
4675 PONC	<u> </u>									
SUITE 305 CORAL GABLES FL 33146							FL	Zip Code		
8. The above	named entity submits this statement for	or the purpose of changing its re	gistered office or re	egistered aç	gent, or both	n, in the state of Flor	rida.	<u> </u>		İ
	e/ u ^	۸۸					ملميايير	_		l
SIGNATURE _	Kmneth J.		04/19/00							
	Stgnature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	nedw beniuper o	reinstating)		DATE			
	FILE NOW: FEE IS \$61.25	9. Election Campaign Financing \$5.  Trust Fund Contribution.		\$5.00 M Added to F	May Be Make Check Payable to Department of State					
10,	OFFICERS AND D	RECTORS	11.	ADDI	TIONS/CHA	ANGES TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE	DOEGIDENT	Delete	TITLE					☐ Change	Addition	Š
NAME STREET ADDRESS	LANGE C. SCHOBELL	00F 5 6075 202	NAME STREET ADDRESS	$(\mathcal{T})$	)					1
CITY-ST-ZIP	5200 UNIVERSITY DRAW CURBLEBBUES FI	L 33146	CITY-ST-ZIP							
TITLE	CANCER CHIES	LI UEIGIG	TITLE					☐ Change	☐ Addition	1
NAME STREET ADDRESS	JANE E MORMIL	E 5111 202	NAME STREET ADDRESS	(T)	\					
CITY-ST-ZIP	JANE F MCRMIL 5200 UNIVERSITY PRIV CORALABBUS	FL 33146	CITY-ST-ZIP		<u> </u>		•			
TITLE	TUCASURER	Delete	TITLE -					☐ Change	Addition	
NAME STREET ADDRESS	JOHN SHNZ 5000 VHIVERSITY DRIVE	SUITE 202	NAME STREET ADORESS	$(\mathcal{D})$	)					
CITY-ST-ZIP	COPPL GABLES	FL 33146	CITY-ST-ZIP	V	/					
TITLE		☐ Delete	TITLE			<u> </u>		☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							1
TITLE		☐ Delete	TITLE					☐ Change	Addition	1
NAME			NAME PAREST AMOREDO							-
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
IJB F		□ Deiete	TITLE					Chance	Addition	1

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGOMODINAME UIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/00

305-253-2853