

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



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

07-12-2000 90013 027 ***908.75

FILED F37025

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 18 PM 12:12

DOCUMENT # F37025

1. Corporation Name

PENINSULA MORTGAGE CORPORATION

Principal Place of Business

2100 PONCE DE LEON BLVD #750
CORAL GABLES FL 33134-5200

Mailing Address

2100 PONCE DE LEON BLVD #750
CORAL GABLES FL 33134-5200

REINSTATEMENT 99-00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 9415 SUNSET DR.

2a 9415 SUNSET DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 111

27 SUITE 111

City & State

City & State

23 MIAMI, FL.

28 MIAMI, FL.

Zip Country

Zip Country

24 33173 25 USA

29 33173 30 USA

3. Date Incorporated or Qualified

05/26/1981

4. FEI Number

59-2114721

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CEPERO, ALINA
2100 PONCE DE LEON BLVD
#750
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9415 SUNSET DR.

83 SUITE 111

84 City

MIAMI

FL

85 Zip Code

33173

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ALINA CEPERO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/6/2000

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CEPERO, ALINA

STREET ADDRESS 2100 PONCE DE LEON BLVD, #750

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPST ☐ DELETE

NAME MAGAZ, MARIA

STREET ADDRESS 2100 PONCE DE LEON BLVD #750

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 9415 SUNSET DRIVE

1.4 CITY-ST-ZIP MIAMI, FL. 33173

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 9415 SUNSET DRIVE

2.4 CITY-ST-ZIP MIAMI, FL. 33173

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/6/00 305-448-3097

7/18