FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N02709

(6)

PENINSULA HOUSING DEVELOPMENT INC., II				
Principal Place of Business Mailing Address		Mailing Address		1 10011191 911 90610 81911 90616 98119 1011 94911 01911 01911 01011 01011 01011 01011
300 SW 12TH AVENUE 3RD FLOOR MIAMI FL 33130 US		300 SW 12TH AVENUE 3RD FLOOR MIAMI FL 33130 US		3. Date Incorporated or Qualified 04/24/1984 4. FEI Number Applied For 59-2398243 Not Applicable
· ·	lace of Business	2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Fee Required 6. Election Campaign Financing \$5,00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	28	Country	☐ Yes 🕅 No
24	25	Zip 29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre		30]	10. Name and Address of New Registered Agent
-			81 Nam	θ
DIAZ. GL	JARIONE M.		82 Stree	et Address (P.O. Box Number Is Not Acceptable)
300 SW 12 AVE				A Address (r. O. Dox Marring) is Not Acceptable)
THIRD FI	LOOR		63	
miami fl	. 33130		84 City	■■ 85 Zip Code
44 0		00 C47 4500 First Olah h		FL
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.		ND DIRECTORS	13.	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	DELETE	1.1 TITLE	Change Addition
NAME	BECKER, ALINA E.		1.2 NAME	
STREET ADDRESS	300 SW 12 AVENUE		1.3 STREET ADDRESS	s
CITY - ST - ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	Change Addition
NAME	DIAZ, GUARIONE M.		2.2 NAME	
STREET ADDRESS	300 SW 12TH AVE 3RD FL.		2.3 STREET ADDRESS	S
CITY-ST-ZIP TITLE	MIAMI FL TD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME	GALNARES, BENINGNO	CJ president	3.2 NAME	
STREET ADDRESS	3700 W. 12 AVENUE		3.3 STREET ADDRESS	s
CITY-ST-ZIP	HIALEAH FL		3.4. CITY-SY-ZIP	
TITLE	CD	DELETE	4.1 TITLE	Change Addition
NAME	BERNAL, PETER R.		4. 2 NAME	
STREET ADDRESS	6101 BLUE LAGOON #300		4.3 STREET ADDRESS	s (
CITY-ST-ZIP	MIAMI FL		4.4 CITY - ST - ZIP	
TITLE	VPD	L DELETE	5.1 TITLE	L] Change L_ Addition
NAME	PAZOS, ANDRES	ri Oon	5.2 NAME	
STREET ADDRESS	300 SW 12 AVENUE, THIRD MIAMI FL	FLOUR	5.3 STREET ADDRESS	8
CITY-ST-ZIP TITLE	MINMI FL	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME			6.2 NAME	Land Country's Land (Country)
STREET ADDRESS			6.3 STREET ADDRESS	s
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. Thereby o	certify that the information supplied	with this filing does not qualify for	r the exemption sta	ated 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 if changed, or on an attachment with an address.				

SIGNATURE: Why GOVI

(Ja)

Daylime Phone # 0028669

FILED

Feb 24 1998 8:00am

Secretary of State