

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -7 AM 11:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N09193 (6)

1. Corporation Name

PENINSULA HOUSING DEVELOPMENT INC., III

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**300 SW 12TH AVENUE
SUITE A
MIAMI FL 33130
US**

**300 SW 12TH AVENUE
SUITE A
MIAMI FL 33130
US**

3. Date Incorporated or Qualified

05/09/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2529236

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAZ, GUARIONE M.
300 S.W. 12TH AVE.,STE.A
MIAMI FL 33130**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

DIAZ, GUARIONE M.

STREET ADDRESS

300 SW 12TH AVE.

CITY - ST - ZIP

MIAMI FL

1.1 TITLE

Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE

SD

NAME

BECKER, ALINA E.

STREET ADDRESS

300 SW 12TH AVE.

CITY - ST - ZIP

MIAMI FL

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

ATD

NAME

PAZOS, ANDRES

STREET ADDRESS

300 SW 12TH AVE.

CITY - ST - ZIP

MIAMI FL

3.1 TITLE

VP

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE

TD

NAME

GALNARES, BENIGNO

STREET ADDRESS

3700 W. 12 AVENUE

CITY - ST - ZIP

HALEAH FL

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE

D

NAME

BERNAL, PETER

STREET ADDRESS

899 N.W. 37TH AVE.

CITY - ST - ZIP

MIAMI FL

5.1 TITLE

C

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Guarione M. Diaz

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

305-642-1981

Daytime Phone #