FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N09193 (6)

PENINSULA HOUSING DEVELOPMENT INC., III

Principal Place of Business	Mailing Address				
300 SW 12TH AVENUE SRD FLOOR MIAMI FL 33130 US	300 SW 12TH AVENUE 3RD FLOOR MIAMI FL 33130-2002 US				
2. Principal Place of Business	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

FILED Apr 28 1997 8:00am Secretary of State



3a. Date of Last Report 05/01/1996

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified 05/09/1985

59-2529236

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

Zip	<u> </u>	Country	Zip	L	Country	/	1	8. This co	orporation I	nas liability	y for intang	ible te	ıx und	ler s.	199.032,	- 1
24	25		29	30	<u> </u>			Florida Statutes Yes 🔼 No								
9. Name and Address of Current Registered Agent							1	0. Name	and Addr	ess of Ne	w Register	ed Aç	jent			
DIAZ, GUARIONE M. 300 SW 12 AVENUE				81 82			(P.O. Bo)	Number is	s Not Acce	eptable)					_	
3RD FLOOR					83											ㅓ
MIAMI FL 33130				L												
				84						F			Zip C			
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 author zed 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.											3					
SIGNATURE _																_
	Signature, typed or pri	nted name of registered agent a		(NOTE RE		ent signature	e required w	hen reinstatin		OFC TO C	DAT		VIDEO	TODA	Thu to	,
12.	00	OFFICERS AND D		DELETE	13.			ADDITIO	JN5/CHAN	GES TO C	OFFICERS A		Char		Additio	<u></u> };
	PD	IOUC M		DECETE		i	}					_	J Cilai	ilige		" §
NAME	DIAZ, GUAR				1.2 NAME		-									
STREET ADDRESS	300 SW 12T	H AVE.			1.3 STREET	ADDRESS										Įį
CITY-ST-ZIP	MIAMI FL			DE: ETC	1.4 CiTY-	ST-ZIP							– 2:			4
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NAME	BECKER, AL				2.2 NAME		1									-
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NAME	PAZOS, ANI				3.2 NAME											
STREET ADDRESS	300 SW 12T	'H AVE.			3.3 STREE	ADDRESS										
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NAME	GALNARES,	BENIGNO			4. 2 NAME											ı
STREET ADDRESS	3700 W. 12	aveneu			4.3 STREET	ADDRESS	l									- [
CITY-ST-ZIP	HIALEAH FL	,			4.4 CITY-5	ST-ZIP										
TITLE	C			DELETÉ	5.1 TITLE								Char	nge	Additio	'n
NAME	BERNAL, PE	TER			5.2 NAME											
STREET ADDRESS	899 N.W. 37	TH AVE.			5.3 STREE	ADDRESS	1									
CITY-ST-ZIP	MJAMI FL				5.4 CITY-3	ST-ZIP)									1
TITLE				DELETE	6.1 TITLE		1						Char	nge	Additio	ın
NAME					6.2 NAME											
STREET ADDRESS				1	6.3 STREE	ADDRESS										1
CITY-ST-ZIP					6.4 CITY-S											
14. I do hereb	y certify that the	information supplied w	ith this filing doe	s not qualify fo	or the exe	mption s	stated in	Section 1	19.07(3)(i).	Florida St	atutes. I fur	ther c	ertify	that th	ne .	7
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.										at						

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