

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N29793

1. Corporation Name

PENINSULA HOUSING DEVELOPMENT INC. V

Principal Place of Business

**300 SW 12TH AVENUE
THIRD FLOOR
MIAMI FL 33130
US**

Mailing Address

**300 SW 12TH AVENUE
THIRD FLOOR
MIAMI FL 33130
US**

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90143 043 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **24** Country **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date incorporated or Qualified

12/20/1988

4. FEI Number

65-0090884

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

9. Name and Address of Current Registered Agent

**DIAZ, GUARIONE M.
300 SW 12TH AVENUE
THIRD FLOOR
MIAMI FL 33130**

10. Name and Address of New Registered Agent

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 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. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
DIAZ, GUARIONE M.
STREET ADDRESS **300 SW 12TH AVE. 3RD FL**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SD**
BECKER, ALINA E.
STREET ADDRESS **300 SW 12TH AVE. 3RD FL**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **TD**
GALNAIRES, BENIGNO
STREET ADDRESS **3700 W. 12 AVENUE**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME **VPD**
PAZOS, ANDRES
STREET ADDRESS **300 SW 12 AVENUE, THIRD FLOOR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **CD**
BERNAL, PETER R.
STREET ADDRESS **6101 BLUE LAGOON #300**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

TD
Switzer, Raquel C
1390 S Dixie Highway, 1108
Coral Gables, FL 33146-2944

CD
De Goutisolo, Agustin
1000 Brickell Ave, #600
MIAMI, FL 33131-3014

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 617, 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 names empowered.

SIGNATURE:

SIGNATURE *Andres Pazos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)