

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 29 PM 6:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40913 (8)

1. Corporation Name

PENINSULA HOUSING DEVELOPERS INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**300 SW 12TH AVE SUITE A
MIAMI FL 33130**

3. Date Incorporated or Qualified **11/13/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0230450** Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAZ, GUARIONE M.
300 SW 12TH AVE, 3RD FL
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **CD**
NAME **BERNAL, PETER**
STREET ADDRESS **10940 SW 104TH AVE**
CITY - ST - ZIP **MIAMI FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE **DS**
NAME **BECKER, ALINA E**
STREET ADDRESS **300 SW 12TH AVE**
CITY - ST - ZIP **MIAMI FL**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE **AT**
NAME **PAZOS, ANDRES**
STREET ADDRESS **300 S.W. 12TH AVE**
CITY - ST - ZIP **MIAMI FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE **TD**
NAME **GALNADES, BENIGNO**
STREET ADDRESS **3700 W 12 AVE**
CITY - ST - ZIP **HIALEAH FL**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE **D**
NAME **FABREGAS, JOSE**
STREET ADDRESS **300 SW 12 AVE, STE A**
CITY - ST - ZIP **MIAMI FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Andres Pazos - ANDRES PAZOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/95 607-642-1381