## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

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May 01 1998 8:00am

Secretary of State

(305) 642-1381

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

**SIGNATURE:** 

N40913

(8)

| ## April Place of Business ## Aleiling Address ## 5. Carrillicate of Status Desired ## \$8.75 Address ## 5. Carrillicate of Status Desired ## \$8.75 Address ## 5. Carrillicate of Status Desired ## 55.00 May 7. Fee Regul ## 5. Carrillicate of Status Desired ## 55.00 May 7. Fee Regul ## 5. Carrillicate of Status Desired ## 55.00 May 7. Fee Regul ## 5. Carrillicate of Status Desired ## 55.00 May 7. Fee Regul ## 5. Carrillicate of Status Desired ## 55.00 May 7. Fee Regul ## 5. Carrillicate of Status Desired ## 55.00 May 7. Fee Regul ## 5. Carrillicate of Status Desired ## 55.00 May 7. Fee Regul ## 5. Carrillicate of Status Desired ## 5. Carrillicate Office of Status Desired ## 5. Carrillicate Status Desired ## 5. Carrillicate Status Desired ## 5. Carrillicate Desired ## 5. C | 1. Corporation                         |   | חרום אום  |   |                        |  |  |             |
|--|--|---|---|---|------------------------|--|--|-------------|
| Makin FL 33130  3. Date incorporated or Qualified 11/13/1990  4. FEI Number  | PENINS                                 | OULA HOUSING DEVELO   | PERS INC.   |   |                        |  | I PERINA DI DIRIK BERKETEN MEREKAN DIRIK BIRK BIRK BIRK BIRK BIRK BIRK BIRK  | <b>J</b> II |
| Makin FL 33130  3. Date incorporated or Qualified 11/13/1990  4. FEI Number  |  |   |   |   |                        |  |  | Ш           |
| MAMI FL 33130  | Principal Place                        | e of Business   | Mailing Address   |   |                        |  | I ABRICAL DIS BERLI SELLE MERE MERE LILI BERLI BIRLI B | 741         |
| ## April Place of Business ## Address ## Address ## Address ## Act   |  |   |   | IE A  | ı                      |  | l ' ' _  |             |
| 2. Principal Pilace of Business   2. Mailing Address   2. Mailing Address   3. Certificate of Status Desired   \$8.75 Add   \$6.   |  |   |   |   |                        |  | 4. FEI Number Applied F  | Or          |
| Suite, Apt. #, etc.      |  |   |   |   |                        |  | 65-0230450 Not Applie  | oldsc       |
| Suite, Apt. #, etc  3 3 4 f. Floor  City & State  Country  All am 1, P1  Country  All am 1, P2  Country  All am 1, P3  Al   |  |   | <u> </u>  |   |                        |  | 5. Certificate of Status Desired \$8.75 Addition   | al          |
| Trust Fund Contribution   Added to Technology   Added to Technol     |  |   |   |   |                        |  |  |             |
| City & State    City & State   City    |  |   |   | <b></b>   |                        |  |  |             |
| Zip      | City & State                           | )   | City & State  |   |                        |  |  |             |
| Personal Property Tax due June 30  Personal Agent June 30  Personal Property Tax due June 30  Personal Agent June 30  Personal Agent June 30  Personal Property Tax due June 30  Personal Agent June 30  Personal Property Tax due June 30  Personal Agent June 30  Personal Property Tax due June 30  Personal Agent June 30  Personal Property Tax due June 30  Personal Agent   | 3 Miami                                |   |   |   |                        |  | Yes No   |             |
| DIAZ, GUARIONE M. 300 SW 12TH AVE, 3RD FL MIAMI FL 33130  11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the provisions of Sections 517.0502, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the above-named corporation submits this statement for the provisions of Section 617.0508, Florida Statutes, the abov   | դ ՝ Ի <del>-</del> -դ ՝                |   | ——————————————————————————————————————  |   |                        |  | 8. This corporation owes or has paid the current year intangible   |             |
| DIAZ, GUARIONE M. 300 SW 12TH AVE, 3RD FL MIAMI FL 33130  11. Pursuant to the provisione of Sections 817 0502 and 617 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its respect to am familiar with, and accept the obligations of, Section 817 0503, Florida Statutes.  SIGNATURE  SIGNATURE  DP   | 4 33134                                |   |   | 30  | r                      |  |  |             |
| DIAZ, GUARIONE M. 300 SW 12TH AVE, 3RD FL MIAMI FL 33130  11. Pursuent 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 re office or registered agent, or both, in the State of Provida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes,  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DIAZ, GUARIONE M.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City-S1-2P  MIAMI FL  12. DP  DIAZ, GUARIONE M.  300 SW 12TH AVE  13. STREET ADDRESS  CITY-S1-2P  MIAMI FL  14. CITY-S1-2P  MIAMI FL  14. CITY-S1-2P  MIAMI FL  15. TITLE  DS  DELETE  16. TITLE  DS  DELETE  17. TITLE  DS  DELETE  18. TITLE  DS  DELETE  18. TITLE  DS  DELETE  18. TITLE  DS  DC DELETE  18. TITLE  DS  DC DELETE  18. TITLE  DS  DC DELETE  18. TITLE  DC DRange  Change  C   |  | The man will also account of Cur  | telli Hegisteren Agelit   |   | 81                     | Name   | 10. Name tild Address of Isen Nagistered Agent   |             |
| 300 SW 12TH AVE, 3RD FL MAMI FL 33130  11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its recoffice 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 recoffice or registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, hyped or pretied name of ingistered spent and new it applicable.  Signature, hyped or pretied name of ingistered spent and new it applicable.  DP  | DIAT CIL                               | IADIONE M   |   |   |                        |  |  |             |
| MIAMI FL 33130    63   |  |   |   |   | 82                     | Street Addre   | ss (P.O. Box Number is Not Acceptable)   |             |
| T1. 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 red agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature in the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its red agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, hyped or preted name of registered agent and tide if applicable.  T12. OFFICERS AND DIRECTORS  TITLE  DP  OFFICERS AND DIRECTORS  TITLE  DP  DLETE  1.1 TITLE  DATE  DATE  Change  C   |  |   |   |   | 83                     |  |  |             |
| 11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its reduced or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the exponitional as the agent. It am lamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, hyped or preted name of registered agent and life! If applicable in NOTE Registered Agent algorithms required when renetating)  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1  TITLE  DP  OFFICERS AND DIRECTORS 13. STREET ADRESS  CITY-51-2P  MIAM! FL  1.1 Intit.  DIAZ, GUARIONE M  1.2 NAME  1.2 NAME  1.3 STREET ADRESS  MIAM! FL  1.4 CITY-51-2IP  DELETE  2.2 NAME  STREET ADRESS 10940 SW 104TH AVE  DELETE  3.1 INTILE  DS  MIAM! FL  1.2 NAME  STREET ADRESS 300 SW 12TH AVE  MIAM! FL  DELETE  3.1 INTILE  DS  MIAM! FL  3.4 CITY-51-2IP  TITLE  VD  MAME  BECKER, ALINA E  3.3 STREET ADRESS  STREET ADRESS 300 SW 12TH AVE  MIAM! FL  3.4 CITY-51-2IP  TITLE  VD  MAME  PAZOS, ANDRES  STREET ADRESS 300 SW. 12TH AVE  4.3 STREET ADRESS  STREET ADRESS 300 SW. 12TH AVE  MAME  GALNARES, BENIGNO  STREET ADRESS 3700 W 12 AVE  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | . 00 100  |   | 1   | 04                     | Cibi   | les Tio Code   |             |
| SIGNATURE    Signature, typed or printed name of registered agent and rife if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE   |  |   |   |   |                        | •  | FLII   |             |
| SIGNATURE    Signature, typed or printed name of registered agent and Inte if applicable   (NOTE Registered Agent signature required when reinstating)   DATE  | 11. Pursuant to office or re           | to the provisions of Sections 617.0 agistered agent, or both, in the St. or familiar with, and accept the ob- | 0502 and 617.1508, Florida State of Florida. Such change we bligations of Section 617.0503  | atutes, the at<br>as authorized<br>Florida Stat | bove<br>d by           | -named corporation                                     | pration submits this statement for the purpose of changing its regist<br>on's board of directors. I hereby accept the appointment as register  | ered<br>red |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11TILE  DP  |  | The man with and accept the oc  | riguliono di, oponori d'il locco,   | 710100 0101                                     |                        | •  |  |             |
| TITLE  |  |   |   |   | d Age                  | ni signature require                                   |  |             |
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| STREET ADDRESS CITY-ST-ZIP MIAMI FL  TITLE CD NAME BERNAL, PETER STREET ADDRESS CITY-ST-ZIP MIAMI FL  Change CHY-ST-ZIP  TITLE DS STREET ADDRESS CITY-ST-ZIP  MIAMI FL  STREET ADDRESS CITY-ST-ZIP MIAMI FL  STREET ADDRESS CITY-ST-ZIP MIAMI FL  STREET ADDRESS CITY-ST-ZIP MIAMI FL  OC DELETE STREET ADDRESS  |  |   | ["] DETEIR  | - 6   |                        |  | C cisude C vo  | Juluon      |
| CITY-ST-ZIP MIAMI FL   |  |   |   |   |                        | ANNBECC  |  |             |
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| NAME   BERNAL, PETER   22 NAME   STREET ADDRESS   10940 SW 104TH AVE   23 STREET ADDRESS   CITY-ST-ZIP   MIAMI FL   2.4 CITY-ST-ZIP  |  |   | ☐ DELETE  |   |                        | 1-20   | ☐ Change ☐ Ad  | idition     |
| STREET ADDRESS CITY-ST-ZIP MIAMI FL  DS DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  DELETE STREET ADDRESS CITY-ST-ZIP MIAMI FL  DELETE STREET ADDRESS CITY-ST-ZIP MIAMI FL  DELETE A1 TITLE  VO DELETE A1 TITLE  NAME PAZOS, ANDRES STREET ADDRESS CITY-ST-ZIP MIAMI FL  STREET ADDRESS CITY-ST-ZIP MIAMI FL  DELETE A1 TITLE  TD DELETE STREET ADDRESS  | NAME                                   |   |   | 2.2 N/  | AME                    |  |  |             |
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| NAME   | CITY-ST-ZIP                            | MIAMI FL  |   | 2.40  | ITY-S                  | T-ZIP  |  |             |
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| CITY-ST-ZIP   MIAMI FL   | NAME                                   | BECKER, ALINA E   |   | 3.2 NA  | ME                     |  |  |             |
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| STREET ADDRESS 3700 W 12 AVE 5.3 STREET ADDRESS  | NAME )                                 | . •   |   | 5.2 N/  | ME                     | ľ  |  |             |
| (MAI MAI) MA   | STREET ADDRESS                         |   |   | 5.3 ST  | REET                   | ADDRESS  |  |             |
|  | CITY-\$1-Z#P                           | HIALEAH FL  |   | 5.4 Ci  | TY- 51                 | r-zip  |  |             |
|  | TITLE                                  | •   | DELETE  | 6.1 TIT   | TLE                    | T  | Change Ad  | dition      |
| NAME FABREGAS, JOSE 62 NAME  | NAME [                                 |   |   | 6.2 NA  | ME                     |  |  |             |
| STREET ADDRESS 300 SW 12 AVE, STE A 6.3 STREET ADDRESS   | STREET ADDRESS                         |   |   | 6.3 ST  | REET                   | ADDRESS  |  |             |
| CITY-SI-ZIP MIAMI FL 64 CITY-SI-ZIP  |  |   | ad couldness about a different color of the |   |                        |  | Carles 1 (0.07/0V/) Flavido Statute 1 f. alba analif. Ab at the land   | 1100        |
| 14. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the infinidated 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 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 appear Block 12 or Block 13 if changed, or on an attachment with an address.  | officer or d                           | director of the corporation or the r  | receiver or trustee empowered   | y for the exe<br>accurate and<br>to execute t   | empt<br>d tha<br>his r | iion siated in S<br>at my signature<br>report as requi | весиол 1 тэ.07(3)(1), гтогиа знашев. 1 тиглег сегиу mat the informe<br>a shall have the same legal effect as if made under oath; that I am it<br>red by Chapter 617, Florida Statutes; and that my name appears in   | iion        |