

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N40913 (8)**

1. Corporation Name  
**PENINSULA HOUSING DEVELOPERS INC.**

Principal Place of Business <b>300 SW 12TH AVE SUITE A</b> <b>MIAMI FL 33130</b>	Mailing Address <b>300 SW 12TH AVE SUITE A</b> <b>MIAMI FL 33130</b>
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2. Principal Place of Business <b>21 1223 S.W. 4th St.</b> Suite, Apt. #, etc. <b>22 3rd floor</b> City & State <b>23 Miami, FL</b> Zip <b>24 33134</b>	2a. Mailing Address <b>26 1223 S.W. 4th St.</b> Suite, Apt. #, etc. <b>27 3rd floor</b> City & State <b>28 Miami, FL</b> Zip <b>29 33134</b>
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3. Date Incorporated or Qualified <b>11/13/1990</b>	4. FEI Number <b>65-0230450</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**DIAZ, GUARIONE M.**  
**300 SW 12TH AVE, 3RD FL**  
**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DIAZ, GUARIONE M	
STREET ADDRESS	300 SW 12TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BERNAL, PETER	
STREET ADDRESS	10940 SW 104TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BECKER, ALINA E	
STREET ADDRESS	300 SW 12TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PAZOS, ANDRES	
STREET ADDRESS	300 S.W. 12TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GALNADES, BENIGNO	
STREET ADDRESS	3700 W 12 AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FABREGAS, JOSE	
STREET ADDRESS	300 SW 12 AVE, STE A	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

**SIGNATURE:** Andres Pazos **ANDRES PAZOS 4/20/98 (305) 642-1381**

CP2E037 (10/97)