

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90037 048 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40913**

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

Principal Place of Business 1223 SW 4TH STREET 3RD FLOOR MIAMI FL 33134 US	Mailing Address 300 SW 12TH AVE SUITE A MIAMI FL 33130
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1223 SW 4th St. 27 Suite, Apt. #, etc. 28 2nd floor 29 City & State 30 MIAMI, FL 31 Zip 32 33135 33 Country	3. Date Incorporated or Qualified 11/13/1990 4. FEI Number 65-0230450 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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**\$8.75 Additional Fee Required**

**\$5.00 May Be Added to Fees**

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	85 Zip Code
	1223 S.W. 4th Street,		MIAMI	FL 33135
	2nd floor			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, GUARIONE M	1.2 NAME	
STREET ADDRESS	300 SW 12TH AVE	1.3 STREET ADDRESS	1223 SW 4th St., 2nd floor
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, PETER	2.2 NAME	DE GOYTISOLO, AGUSTIN
STREET ADDRESS	10940 SW 104TH AVE	2.3 STREET ADDRESS	1000 BRICKELL AVE., #660
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ALINA E	3.2 NAME	
STREET ADDRESS	300 SW 12TH AVE	3.3 STREET ADDRESS	1223 S.W. 4th St., 2nd floor
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAZOS, ANDRES	4.2 NAME	
STREET ADDRESS	300 S.W. 12TH AVE	4.3 STREET ADDRESS	1223 S.W. 4th St., 2nd. floor
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33135
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALNAIRES, BENIGNO	5.2 NAME	Switzer, Raquel C
STREET ADDRESS	3700 W 12 AVE	5.3 STREET ADDRESS	1390 S. DIXIE HIGHWAY, #1108
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	CLORAL GABLES, FL 33146
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABREGAS, JOSE	6.2 NAME	
STREET ADDRESS	300 SW 12 AVE, STE A	6.3 STREET ADDRESS	1223 S.W. 4th St., 2nd floor
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	Miami, FL 33135

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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

04/28/99

642-1381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)