

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000003367 (8)

1. Corporation Name

PENINSULA HOUSING DEVELOPMENT INC. IX



Principal Place of Business

Mailing Address

300 SOUTH WEST 12TH AVENUE  
SUITE A  
MIAMI FL 33130

300 SOUTH WEST 12TH AVENUE  
SUITE A  
MIAMI FL 33130

3. Date Incorporated or Qualified

07/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0650912

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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 SOUTH WEST 12TH AVENUE  
SUITE A  
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 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	D	<input type="checkbox"/> DELETE
NAME	DIAZ, GUARIONE M	
STREET ADDRESS	300 SOUTH WEST 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, ALINA E	
STREET ADDRESS	300 SOUTH WEST 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, SERGIO E	
STREET ADDRESS	300 SOUTH WEST 12TH AVENUE, SUITE A	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAZOS, ANDRES	
STREET ADDRESS	300 SOUTH WEST 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNAL, PETER R	
STREET ADDRESS	10940 S.W. 104TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALAN, JUAN A JR.	
STREET ADDRESS	3505 N.W. 107TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	

1.1 TITLE	D/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GALNARES, BENIGNO	
3.3 STREET ADDRESS	3700 W. 12 AVE	
3.4 CITY-ST-ZIP	HIALEAH, FL 33012	
4.1 TITLE	D/VICE-PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D/CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Andres Pazos*

APR 22 1996

Date

(305) 642-1781

Daytime Phone #

CR2E037 (12/95)