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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000003367 (8)
 1. Corporation Name
PENINSULA HOUSING DEVELOPMENT INC. IX



Principal Place of Business 300 SOUTH WEST 12TH AVENUE SUITE A MIAMI FL 33130	Mailing Address 300 SOUTH WEST 12TH AVENUE SUITE A MIAMI FL 33130
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3. Date Incorporated or Qualified 07/17/1995	Applied For
4. FEI Number 65-0650912	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business	2a. Mailing Address
21 1223 S.W. 4th St.	26
Suite, Apt. #, etc. 22 3rd. floor	Suite, Apt. #, etc. 27
City & State 23 Miami, Fl	City & State 28
Zip 24 33135	Country 25 US
Zip 29	Country 30

9. Name and Address of Current Registered Agent

DIAZ, GUARIONE M
300 SOUTH WEST 12TH AVENUE
SUITE A
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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIAZ, GUARIONE M		1.2 NAME	
STREET ADDRESS 300 SOUTH WEST 12TH AVENUE, 3RD FLOOR		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BECKER, ALINA E		2.2 NAME	
STREET ADDRESS 300 SOUTH WEST 12TH AVENUE, 3RD FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALNARES, BENIGNO		3.2 NAME	
STREET ADDRESS 3700 W 12 AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP HIALEAH FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAZOS, ANDRES		4.2 NAME	
STREET ADDRESS 300 SOUTH WEST 12TH AVENUE, 3RD FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33130		4.4 CITY-ST-ZIP	
TITLE DC	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERNAL, PETER R		5.2 NAME	
STREET ADDRESS 10940 S.W. 104TH AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GALAN, JUAN A JR.		6.2 NAME	
STREET ADDRESS 3505 N.W. 107TH STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33167		6.4 CITY-ST-ZIP	

DVP

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

CF2E037 (10/97)