

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006451 (6)

1. Corporation Name

PENINSULA HOUSING DEVELOPMENT INC. XIII



Principal Place of Business 300 S.W. 12TH AVENUE SUITE A MIAMI FL 33130	Mailing Address 300 S.W. 12TH AVENUE SUITE A MIAMI FL 33130-2002
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3. Date Incorporated or Qualified 12/18/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number 65-0720436	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FABREGAS, JOSE
300 S.W. 12TH AVENUE
3RD FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	D	<input type="checkbox"/> DELETE
NAME	DIAZ, GUARIONE M	
STREET ADDRESS	300 S.W. 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKER, ALINA E	
STREET ADDRESS	300 S.W. 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALARNES, BENIGNO	
STREET ADDRESS	300 S.W. 12TH AVENUE, SUITE A	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAZOS, ANDRES	
STREET ADDRESS	300 S.W. 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERNAL, PETER R	
STREET ADDRESS	10940 SOUTH WEST 104TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVERO, ANDRES	
STREET ADDRESS	300 S.W. 12TH AVENUE, 3RD FLOOR	
CITY-ST-ZIP	MIAMI FL 33130	

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 do 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 REQUIRED 04/11/97 (305)642-1381

CP2E037 (9/96)