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FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 12/18/1986		
4. FEI Number 65-0720436	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 21 1223 S.W. 4th Street Suite, Apt. #, etc.	2a. Mailing Address 26
22 Third floor City & State	27 City & State
23 Miami, Fl Zip	28 Zip
24 33135 25 US	29 30

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 DIAZ, GUARIONE M
82 Street Address (P.O. Box Number is Not Acceptable) 300 S.W. 12 Ave.
83 3rd. floor
84 City Miami
85 Zip Code FL 33130

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 the duties and obligations of Section 617.0503, Florida Statutes.

SIGNATURE **GUARIONE M. DIAZ -President-** *Guarione M. Diaz* **5-20-98**
Signature, if not printed, name of registered agent and title if applicable (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 checked="" 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 DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE DC	<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 (3050642-1381)

CR2E037 (10/97)