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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006451

1. Corporation Name

PENINSULA HOUSING DEVELOPMENT INC. XIII

Principal Place of Business

1223 S W 4TH STREET
THIRD FLOOR
MIAMI FL 33135
US

Mailing Address

300 S.W. 12TH AVENUE
SUITE A
MIAMI FL 33130



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 1223 SW 4th St.

Suite, Apt. #, etc.

27 2nd floor 33135

City & State

28 MIAMI, FL 33135

Zip Country

29 3 3 1 3 5 30

3. Date Incorporated or Qualified

12/18/1996

4. FEI Number

65-0720436

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DIAZ, GUARIONE M
300 S W 12TH AVENUE
THIRD FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1223 S.W. 4th ST.

83 2ND FLOOR

84 City

MIAMI

FL

85 Zip Code

3 3 1 3 5

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

TITLE DP DELETE
NAME DIAZ, GUARIONE M
STREET ADDRESS 300 S.W. 12TH AVENUE, 3RD FLOOR
CITY-ST-ZIP MIAMI FL 33130

TITLE DS DELETE
NAME BECKER, ALINA E
STREET ADDRESS 300 S.W. 12TH AVENUE, 3RD FLOOR
CITY-ST-ZIP MIAMI FL 33130

TITLE DT DELETE
NAME GALARNES, BENIGNO
STREET ADDRESS 300 S.W. 12TH AVENUE, SUITE A
CITY-ST-ZIP MIAMI FL 33130

TITLE DVP DELETE
NAME PAZOS, ANDRES
STREET ADDRESS 300 S.W. 12TH AVENUE, 3RD FLOOR
CITY-ST-ZIP MIAMI FL 33130

TITLE DC DELETE
NAME BERNAL, PETER R
STREET ADDRESS 10940 SOUTH WEST 104TH AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 1223 S.W. 4th Street
1.4 CITY-ST-ZIP MIAMI, FL 33135

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 1223 S.W. 4th St., 2nd floor
2.4 CITY-ST-ZIP MIAMI, FL 33135

3.1 TITLE Change Addition
3.2 NAME DT
3.3 STREET ADDRESS SWITZER, RAQUEL C
3.4 CITY-ST-ZIP 1390 S. DIXIE HIGHWAY, #1108
CORAL GABLES, FL 33146

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS 1223 S.W. 4th ST., 2nd floor
4.4 CITY-ST-ZIP MIAMI, FL 33135

5.1 TITLE Change Addition
5.2 NAME DC
5.3 STREET ADDRESS DE GOYTISOLO, AGUSTIN
5.4 CITY-ST-ZIP 1000 BRICKELL Ave., #660
MIAMI, FL 33131

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/26/99 (307) 642-1381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)