FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State -DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P97000083937 (7)

PENINSULA HOUSING, INC.

Principal Place of Business	Mailing Address		
1230 NW 7TH 8T MIAMI FL 33125	1230 NW 7TH ST MIAMI FL 33125		

FILED Feb 18 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				
1230 NW 7TH ST 1230 NW 7TH ST 1230 NW 7TH ST MIAMI FL 33125						
MIAMI FL 3	3129	MIMMI FE 33123		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				09/26/1997		
2, Principal P	lace of Business	2a. Mailing Address		4, FEI Number Applied For		
21		26		APPLIED FOR Not Applicable		
Suite, Apt	#, e 1c.	Suite, Apt. #, etc.		SR.75 Additional		
22		27		5. Certificate of Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible		
24	25	29 3	0	Personal Property Tax due June 30. L Yes L No		
	Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Agent		
s	MITH, GARY V		81 Name			
	230 NW 7TH ST		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33125		5				
			83			
			84 City	85 Zip Code		
				FL s zp occe		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.						
SIGNATURE						
4	Signature, typed or prioted name of registered a		Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.	OFFICERS A	ND DIRECTORS DELETE	13. v	President Change Addition		
TITLE	•			Barton J. Eroncig		
NAME	SMITH, GARY V 1230 NW 7TH ST			10 Edgewater Drive Unit PHK		
STREET ADDRESS	MIAMI FL 33125					
CITY-ST-ZIP	MIAMI FL 33123	DELETE		Coral Gables, Florida 33133		
TITLE		Doctor		Secretary		
NAME				Barton J. Eroncig		
STREET ADDRESS				10 Edgewater Drive Unit PHK		
CITY-ST-ZIP		DELETE		Coral Gables, Florida 33133 Change Addition		
TITLE		☐ DECEIE	3.1 TOTLE	La Chiengo La Rudillon		
NAME			3.2 NAME			
\$treet address			3.3 STREET ADDRESS			
CITY-ST-ZIP		Locuer	3.4. CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE		☐ DELETE	4.1 TITLE	C Change C Addition		
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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 armost 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 certify that the information indicated on this annual report or supplemental armost 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 certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I