

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 350689

1. Corporation Name
4075 PONCE DE LEON COMPANY, INC.

Principal Place of Business
4075 PONCE DE LEON BOULEVARD
CORAL GABLES FL 33146-1417

Mailing Address
9190 CORAL WAY
CORAL GABLES FL 33145

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 2050 CORAL WAY
Suite, Apt. #, etc.

27 #504 MIAMI FLA
City & State

28 33145
Zip

Country

29

30

9. Name and Address of Current Registered Agent

FUENTES, EDUARDO
9190 CORAL WAY
CORAL GABLES FL 33145

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature is required for this filing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME FUENTES, EDDIE
STREET ADDRESS 6260 SW 145TH ST.
CITY-STATE-ZIP MIAMI FL

TITLE SD [] DELETE

NAME FUENTES, LILLIAN
STREET ADDRESS 6260 SW 145TH ST.
CITY-STATE-ZIP MIAMI FL

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

900002826039--7
-04/01/99--01036-020 Addition
****450.00 ****150.00

JPB
3-19-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 305 857 0333

0237073

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