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Secretary of State

03-01-1999 90191 016 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000095341

1. Corporation Name
1801 PONCE HOLDING CORP.

Principal Place of Business

Mailing Address

~~5020 ORDUNA DRIVE~~
~~CORAL GABLES FL 33146~~

~~5020 ORDUNA DRIVE~~
~~CORAL GABLES FL 33146~~

1801 Ponce de Leon Blvd.

Coral Gables, FL 33134

2. Principal Place of Business

2a. Mailing Address

21 1801 Ponce de Leon

26 P.O. Box 14-1065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Coral Gables, FL

City & State

City & State

23 Coral Gables, FL

28

Zip Country

Zip Country

24 33134 25 USA

29 3314-1065 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSTA, HELEN C
7330 WEST 20 AVE.
MIAMI LAKES FL 33016-1835

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME RODRIGUEZ, CASSANDRA

STREET ADDRESS 5020 ORDUNA DRIVE

CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT ☐ Change ☒ Addition

CASSANDRA E. RODRIGUEZ

P.O. Box 14-1065

CORAL GABLES, FL 3314-1065

☐ Change ☐ Addition

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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 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: *Cassandra E. Rodriguez* 2/8/99 305-443 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)