

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90076 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000100040

1. Corporation Name
~~2330 PONCE CORP.~~ 2330 PONCE CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 C/O 2699 SOUTH BAYSHORE DRIVE C/O 2699 SOUTH BAYSHORE DRIVE
 7TH FLOOR 7TH FLOOR
 MIAMI FL 33133 MIAMI FL 33133

3. Date Incorporated or Qualified
11/24/1998

4. FEI Number 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
21 1643 Brickell Ave. **26** 1643 Brickell Ave.

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Apt. 2305 **27** Apt. 2305

City & State City & State
23 Miami, FL **28** Miami, FL

Zip Country Zip Country
24 33129 **25** USA **29** 33129 **30** USA

9. Name and Address of Current Registered Agent

CORPO, INC.
 2699 SOUTH BAYSHORE DRIVE
 7TH FLOOR
 MIAMI FL 33133

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Saiden Amin
STREET ADDRESS		1.3 STREET ADDRESS	1643 Brickell Ave., #2305
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33129
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SAIDEN, Silvia de
STREET ADDRESS		2.3 STREET ADDRESS	1643 Brickell Ave., #2305
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33129
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	de NAVARRO, Silvia Saiden
STREET ADDRESS		3.3 STREET ADDRESS	1643 Brickell Ave., #2305
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33129
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Saiden Amin SIGNATURE REQUIRED SAIDEN, SD 4/29/99
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)