

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000002312 (3)**

1. Corporation Name
2334 PONCE CORP.



Principal Place of Business: **501 BRICKELL KEY DR. SUITE 206, COURVOISIER CENTER MIAMI FL 33131-2608**
Mailing Address: **501 BRICKELL KEY DR. SUITE 206, COURVOISIER CENTER MIAMI FL 33131-2608**

3. Date Incorporated or Qualified 01/09/1995	3a. Date of Last Report
4. FEI Number 65-0544835	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2100 Ponce de Leon Blvd. Suite, Apt. #, etc. 22 Suite 601 City & State 23 Coral Gables, FL Zip Country 24 33134 25	2a. Mailing Address 26 2100 Ponce de Leon Blvd. Suite, Apt. #, etc. 27 Suite 601 City & State 28 Coral Gables, FL Zip Country 29 33134 30
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9. Name and Address of Current Registered Agent LEWIS, WILLIAM C JR. 501 BRICKELL KEY DR. SUITE 206, COURVOISIER CENTER MIAMI FL 33131-2608	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9100 South Dadeland Boulevard 83 Suite 1707 84 City Miami 85 Zip Code FL 33156-7819
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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 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of the individual being designated as the registered agent _____
Signature of the registered agent or president of the corporation _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE D	<input type="checkbox"/> DELETE	11. TITLE P/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SAIDEN, AMIN		12. NAME	
STREET ADDRESS 501 BRICKELL KEY DR., STE. 206		13. STREET ADDRESS 1865 Brickell Ave., Apt#A-2108	
CITY-STATE-ZIP MIAMI FL 33131-2608		14. CITY-STATE-ZIP Miami, FL 33129	
11. TITLE 	<input type="checkbox"/> DELETE	21. TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		22. NAME SAIDEN, SILVIA A. DE	
STREET ADDRESS 		23. STREET ADDRESS 1865 Brickell Ave., Apt#A-2108	
CITY-STATE-ZIP 		24. CITY-STATE-ZIP Miami, FL 33129	
11. TITLE 	<input type="checkbox"/> DELETE	31. TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		32. NAME SAIDEN, SILVIA	
STREET ADDRESS 		33. STREET ADDRESS 1865 Brickell Ave., Apt#A-2108	
CITY-STATE-ZIP 		34. CITY-STATE-ZIP Miami, FL 33129	
11. TITLE 	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
11. TITLE 	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
11. TITLE 	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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.

SIGNATURE: *Amin Saïden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
AMIN SAIDEN, PRESIDENT

2-13-96
Date
Digital Certificate #

CR2E034 (12/95)