

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000002992 (4)

1. Corporation Name

PONCE GENERAL CORPORATION



Principal Place of Business

Mailing Address

PO BOX 71450  
SAN JUAN PR 00936-1450

PO BOX 71450  
SAN JUAN PR 00936-1450

3. Date Incorporated or Qualified

06/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUERRA, JOSEPH M  
1220 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134

81 Name

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

150 ALHAMBRA CIRCLE, SUITE 901

83

84 City

CORAL GABLES

FL

85 Zip Code

33134

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 of officer or director of corporation required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PC

☐ DELETE

NAME

FONALLEDAS-RUBERT, JAIME ESQUIRE  
PALMERAS ESQ. JERONIMO ST. 16TH FLOOR  
SAN JUAN PR 00901

STREET ADDRESS

CITY- ST- ZIP

TITLE

DST

☐ DELETE

NAME

ASON, ELIAS R PH.D

STREET ADDRESS

CITY- ST- ZIP

TITLE

D

☐ DELETE

NAME

IZQUIERDO, ROBERTO JR, CPA  
PALMERAS ESQ. JERONIMO ST. 16TH FLOOR  
SAN JUAN PR 00901

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.1 TITLE

D

☐ Change ☒ Addition

1.2 NAME

UBARRI BENITEZ, RAUL

1.3 STREET ADDRESS

PALMERAS ESQ. JERONIMO ST. 16TH FLOOR  
SAN JUAN PR 00901

1.4 CITY- ST- ZIP

2.1 TITLE

DSTV

☐ Change ☒ Addition

2.2 NAME

ASON, ELIAS R. PH.D.

2.3 STREET ADDRESS

PALMERAS ESQ. JERONIMO 16TH FLOOR  
SAN JUAN PR 00901

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

100001728111

4.4 CITY- ST- ZIP

-02/29/96--01058--006

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- 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; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIAS R. ASON, PH.D.

2-14-96

Date

809-725-4755

Daytime Phone #

609 725-96

CR2E034 (12/95)