

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

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

**DOCUMENT # P95000002312 (3)**

1. Corporation Name  
**2334 PONCE CORP.**



Principal Place of Business  
**2100 PONCE DE LEON BLVD.  
 SUITE #601  
 CORAL GABLES FL 33134  
 US**

Mailing Address  
**2100 PONCE DE LEON BLVD.  
 SUITE #601  
 CORAL GABLES FL 33134  
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	<b>01/09/1995</b>
4. FEI Number	<b>65-0544835</b>
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**LEWIS, WILLIAM C JR.  
 9100 SOUTH DADELAND BOULEVARD  
 SUITE #1707  
 MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name	<b>Jorge I Garcia-Sarraf</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>2100 Ponce de Leon Blvd</b>
83	<b>Suite 601</b>
84 City	<b>Coral Gables</b>
85 State	<b>FL</b>
86 Zip Code	<b>33134</b>

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 *Jorge I Garcia* **JORGE I. GARCIA-SARRAF** **4/27/98**  
Signature typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAIDEN, AMIN</b>	
STREET ADDRESS	<b>1865 BRICKELL AVE., APT. #A-2108</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAIDEN, SILVIA A. DE</b>	
STREET ADDRESS	<b>1865 BRICKELL AVE., APT. #A-2108</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAIDEN, SILVIA</b>	
STREET ADDRESS	<b>1865 BRICKELL AVE., APT. #A-2108</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *Amin Saiden* **A-6-98**

CR2E034 (10/97)