

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 # 624896

(7)

1. Corporation Name

PONCE DEVELOPMENT COMPANY



Principal Place of Business

25 SE 2ND AVE
STE 1005
MIAMI FL 33131-1604
US

Mailing Address

25 SE 2ND AVE
STE 1005
MIAMI FL 33131-1604
US

3. Date Incorporated or Qualified
07/23/1979

3a. Date of Last Report
06/01/1995

2. Principal Place of Business

21 25 S.E. 2nd. Ave. #1005

2a. Mailing Address

26 25 S.E. 2nd. Ave. #1005

4. FEI Number

59-1929188

Applied For

Not Applicable

Suite, Apt. #, etc.

22 1005

Suite, Apt. #, etc.

27 1005

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Miami, Florida

City & State

28 Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33131-1604

Country

25 U.S.A.

Zip

29 33131-1604

Country

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ-CID, RICARDO
1699 CORAL WAY, SUITE 510
MIAMI FL 33145

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 V ☐ DELETE
NAME BOSCH, JOSE I
STREET ADDRESS 25 S.E. 2ND AVE., SUITE 1005
CITY-ST-ZIP MIAMI FL 33131-1604

TITLE P ☐ DELETE
NAME BOSCH, JORGE J
STREET ADDRESS 25 S.E. 2ND AVE., SUITE 1005
CITY-ST-ZIP MIAMI FL 33131-1604

TITLE ST ☐ DELETE
NAME LOPEZ-PRIETO, CLARA
STREET ADDRESS 25 S.E. 2ND AVE., SUITE 1005
CITY-ST-ZIP MIAMI FL 33131-1604

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
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

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

Jorge J. Bosch, Pres. April 15, 1996 (305) 373-0553

Date

Daytime Phone #

CR2E034 (12/95)