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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90002 041 \*\*\*150.00

PONCE I	DEVELOPMENT COMPANY									
Principal Place	of Business	Mailing Address		_			11 <b>018</b> 14 <b>018</b> 11	81811 <b>4</b> 18(1 188)		
25 SE 2ND AVE #1005						DO NOT WRITE IN THIS SPACE				
US US						3. Date Incorporated or Qualifed				
	* * *					07/23/1979			ŕ	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For		
21						59-1929188	N	ot Applicable	ı	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	\$8.75 Additional Fee Required		
City & State	Billion programme and the second	City & State			~	6. Election Campaign Financing Trust Fund Contribution S Added to Fees			-	
Zip ·	Country	Zip	Cour	ntry		8. This corporation owes the current year Inta	ngible			
24	25 29		30			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent		ı	
444.5	TRIET OID DIO LODG		į	81	Name					
	TINEZ-CID, RICARDO CORAL WAY, SUITE 510			82	Street Addr	ss (P.O. Box Number is Not Acceptable)				
MIAN	AI FL 33145		Ì	83						
			}	84	City	FL	85 Zip	Code		
44.5		and CO7 1509 Florida Statute	s the et		a named core	oration submits this statement for the purpose of	hanging it	s registèred		
office of the	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	it Florida. Such change was al	monzea	DV I	ine condoration	on's board of directors. I hereby accept the appoin	tment as r	egistered .		
SIGNATURE						nt when reinstating) DATE			١.	
	Signature, typed or printed name of registered agent OFFICERS AND		13.	Ager	it signature require	ADDITIONS/CHANGES TO OFFICERS ANI	DIRECT	ORS IN 12		
TITLE	V	DELETE	1.1 111	1 F		ADDITIONAL OF WAS EAST OF COLUMN THE	Change	Addition		
NAME	BOSCH, JOSE I			1.2 NAME			-			
STREET ADDRESS	25 S.E. 2ND AVE., SUITE 1005			1.3 STREET ADORESS						
CITY-ST-ZIP	MIAMI FL 33131-1604			1.4 CITY-ST-ZIP						
TITLE	P DELETE		_	2.1 TITLE			Change	☐ Addition		
NAME	•		2.2 NA	2.2 NAME						
STREET ADDRESS	25 S.E. 2ND AVE., SUITE 1005			2.3 STREET ADDRESS						
CITY-ST-ZIP				2. 4 CITY-ST-ZIP						
TITLE			_	3.1 TITLE			Change	Addition		
NAME			3.2 NA	ME	-					
STREET ADDRESS	AC A E AND AVE OUTE 4005			3.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131-1604 3.			3.4. CITY-ST-ZIP				<u> </u>	1	
TITLE			4.1 TIT	4.1 TITLE		•	☐ Change	☐ Addition		
NAME	4.2		4.2 N	ME					1	
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CITY-ST-ZIP			4.4 CII	1.4 CITY-ST-ZIP					ĺ	
TITLE				5.1 TITLE			☐ Change	Addition	Ì	
NAME	-		5.2 NA							
STREET ADDRESS					ADDRESS				ļ	
CITY-ST-ZIP			5.4 CF		T-ZIP		<u> </u>	The state of		
TITLE		☐ DELETE	6.1 TIT				Change	Addition	l	
NAME				6.2 NAME 6.3 STREET ADDRESS						
STREET ADDRESS			6.3 ST	REET	I ADDRESS				ı	

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.

6.4 CITY-ST-ZIP

SIGNATURE: Jorge

CITY-ST-ZIP

e JS Bosch, Press

4-14-99

(305) 373-0553