

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 19 AM 10:22



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000688

PONCE LIMITED PARTNERSHIP

Mailing Address

~~1260 N.W. 57TH AVE., SUITE 207~~
~~MIAMI FL 33126~~

Principal Office Address

~~1260 N.W. 57TH AVE., SUITE 207~~
~~MIAMI FL 33126~~

3. Date Formed or Registered

05/02/1995

5a. Capital Contributions as
Shown on record.

\$571,500.00

3a. Date of Last Report

12/19/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$571,500.00

4. State or Country of Formation

FL

6. FEI Number

65-0580482

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired



\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

P.O. Box 431984

Suite, Apt. #, etc.

City & State

Miami, Fl. USA

Zip

33243-1984 USA

2a. Principal Office Address

1508 SanIgnacio Ave

Suite, Apt. #, etc.

Suite #200

City & State

Coral Gables, Fl. USA

Zip

33146-3007 USA

9. Name and Address of Current Registered Agent

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

866 PONCE CORPORATION

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~1260 N.W. 57TH AVE.,~~
1508 SanIgnacio Ave.
Suite #200

11b. City, State & Zip Code

~~MIAMI FL 33126~~
Coral Gables, Fl.
33146-3007

11c. Registration/
Document Number

P95000033186

000002099080--0
-02/26/97--01113--003
****550.00 ****550.00

New Fees

cus/KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

2/10/97

Typed or Printed Name of General Partner Signing Form

L. R. Matheway, Pres of GenPart

Daytime Telephone Number

305 662 1421

CR2E003 (11/96)

0000028