

**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 # **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

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

**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 the corporation or registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PC	FONALLEDAS-RUBERT, JAIME ESQUIRE	PALMERAS ESQ. JERONIMO ST. 16TH FLOOR	SAN JUAN PR 00901	<input type="checkbox"/>
DST	ASON, ELIAS R PH.D	PALMERAS ESQ. JERONIMO ST. 16TH FLOOR	SAN JUAN PR 00901	<input type="checkbox"/>
D	IZQUIERDO, ROBERTO JR, CPA	PALMERAS ESQ. JERONIMO ST. 16TH FLOOR	SAN JUAN PR 00901	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	UBARRI BENITEZ, RAUL	PALMERAS ESQ. JERONIMO ST. 16TH FLOOR	SAN JUAN PR 00901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DSTV	ASON, ELIAS R. PH.D.	PALMERAS ESQ. JERONIMO 16TH FLOOR	SAN JUAN PR 00901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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-02/29/96--01058--006  
\*\*\*200.00**

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:

*Elias R. Ason*  
ELIAS R. ASON, PH.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96

809-725-4755

Date

Daytime Phone #

809-725-96

CR2E034 (12/95)