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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000003095 (4)

1. Corporation Name
PONCE REALTY CORPORATION

Principal Place of Business
PO BOX 71450
SAN JUAN PR 00936-1450

Mailing Address
PO BOX 71450
SAN JUAN PR 00936-8550



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 53 Palmeras Street		26 Suite, Apt #, etc.		06/18/1996			
22 El Caribe Bldg., Ste.1601		27 City & State		4. FEI Number		Applied For	
23 San Juan, PR		28 City & State		NOT APPLICABLE		Not Applicable	
24 00901-2419		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
		30 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution			
				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 150 ALHAMBRA CIRCLE, #901 CORAL GABLES FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDC	DELETE		1.1 TITLE		Change	Addition
NAME	FONALLEDAS-RUBERT, JAIME ESQ			1.2 NAME			
STREET ADDRESS	EL CARIBE BLDG., 16TH FL - PALMERAS & JERN			1.3 STREET ADDRESS			
CITY-ST-ZIP	SAN JUAN PR 00901			1.4 CITY-ST-ZIP			
TITLE	VSTD	DELETE		2.1 TITLE		Change	Addition
NAME	ASON, ELIAS R PHD			2.2 NAME			
STREET ADDRESS	EL CARIBE BLDG., 16TH FL - PALMERAS & JERN			2.3 STREET ADDRESS			
CITY-ST-ZIP	SAN JUAN PR 00901			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE		Change	Addition
NAME	UBARRI-BENITEZ, RAUL			3.2 NAME			
STREET ADDRESS	EL CARIBE BLDG., 16TH FL - PALMERAS & JERN			3.3 STREET ADDRESS			
CITY-ST-ZIP	SAN JUAN PR 00901			3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE		Change	Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE		Change	Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *ELIAS R. ASON* ELIAS R. ASON, Ph.D. 1-15-97 (787) 725-4755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)