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

CORPORATION ANNUAL REPORT

1998

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003095 (4)

PONCE REALTY CORPORATION

| Principal Place of Business Mailing Address | | | | | | | | ••• | | | 1111 00111 01 | 11 30 11411 08 11 3 101 | DI BIH (BB) |
|---|---|----------------------------|---------------|-----------|------------------------|----------------|--------------------------------|----------------------------|---|--|----------------------------|--|-----------------------|
| 53 PALMERAS ST PO BOX 71450 | | | | | | | | | | | | | |
| EL CARIBE BLOG. STE 1601 | | | | | SAN JUAN PR 00936-1450 | | | | | DO NOT WEIT | - 15 1 - 2 1 11 | 0.004.05 | |
| SAN JUAN PR 00901-2419 US | | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | |
| | | | | | | | | | | 3. Date Incorporated or Qualified 06/18/1996 | | | |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | | 4. FEI Number | | Ap | plied For |
| 21 | | | | 26 | <u> </u> | | | | | NOT APPLICABLE | | No | ot Applicable |
| 22 | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | + | Additional equired |
| | City & State | е | | | City & State | | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | | | 28 | | | | | | Trust Fund Contribution | | Added | to Fees |
| z | (ip | | | | | | Count | ry | | 8. This corporation owes or has p | aid the c | | |
| 24 | 25 29 30 | | | | | | <u> </u> | | Personal Property Tax due June 30. Yes | | | | No |
| 9. Name and Address of Current Registered Agent | | | | | | | | <u>. T</u> | | 10. Name and Address of New R | egistere | d Agent | |
| GUERRA, JOSEPH M 150 ALHAMBRA CIRCLE, #901 | | | | | | | 8 | | Name | | | | |
| CORAL GABLES FL 33134 | | | | | | | 8: | 2 | Street Addre | ess (P.O. Box Number is Not Accepta | ble) | | |
| | | | | | | | 8: | 3 | | | · | | |
| | | | | | | | | 4 | City | | | 85 Zip | Code |
| | | | | | | | | | Oity | | F | | 0000 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpo | | | | | | | | | | oration submits this statement for the | purpose | of changing it | s 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 register agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. | | | | | | | | | | | | | registered |
| SIGNATURE | | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registere 12. OFFICERS AND DIRECTORS 13. | | | | | | | | gen | t signature require | ed when reinstating) ADDITIONS/CHANGES TO OFFI | DATE | ID DIDECTOR | C IN 10 |
| TITLE | | PDC | OFFICERS AF | ים אות עו | | DELETE | 1.1 TITLE | _ | | ADDITIONS/CHANGES TO OFFI | CERS AI | Change | Addition |
| NAME | - 1 | FONALLEDAS DUBERT LANCE CO | | | | | | | | | | Onlongo | 70000001 |
| | EL CADIDE DI DO SOTULEI DALMEDAC S ICON | | | | | | 1.2 NAME 1.3 STREET ADDRESS | | | | | | |
| • | STREET ADDRESS SAN JUAN PR 00901 | | | | | | | | | | | | |
| TITLE | | VSTD | | | 177 | DELETE | 1.4 CITY- 2.1 TITLE | _ | - 217 | | | Change | Addition |
| NAME | | ASON, ELIAS R PHD | | | | | | | | | | | |
| | EL CADIDO DEDO APTA EL DALMEDAS SIEDNI | | | | | | 2.3 STREE | | INDRESS | | | | |
| | ST-ZIP | | AN PR 00901 | | | | 2. 4 CITY | | | | | | |
| TITLE | | D | | | П | DELE TE | 3.1 TITLE | | - 211 | | | Change | Addition |
| NAME | ì | UBARRI- | BENITEZ, RAUL | | | | 3.2 NAME | | | | | | |
| EL CADIDE DI DO ACTU EL DALMEDAC E JEDNI | | | | | | 3.3 STREE | | ADDRESS | | | | | |
| CAN HIAN DD 00004 | | | | | | | 3.4 City | | | | | | |
| TITLE | V: 4.0 | | | | | EL ETE | 4.1 TITLE | _ | *** | | | ☐ Change | Addition |
| NAME | ľ | | | | | | 4. 2 NAMI | | 1 | | | | _ |
| | T ADDRESS | | | | | | 4.3 STREE | _ | ODRESS | | | | |
| | ST-ZIP | | | | | | 4.4 CITY- | | | | | | |
| TITLE | | | | | 777 | YEL ETE | B 1 TITLE | | | | | Change | Addition |

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 of 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.

52 NAME

61 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

54 CITY - ST - ZIP

Change

Addition

FILED

Feb 05 1998 8:00am

Secretary of State