

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**APPROVED  
AND  
FILED**  
**95 APR 26 AM 7:17**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # G02137 (9)**

1. Corporation Name  
**3100 PONCE ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**C/O F.W. GUILFORD, JR.  
2222 PONCE DE LEON BLVD. PENTHOUSE SUITE  
CORAL GABLES FL 33134  
US**      **C/O F.W. GUILFORD, JR.  
2222 PONCE DE LEON BLVD. PENTHOUSE SUITE  
CORAL GABLES FL 33134  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/01/1982**      **05/01/1994**

4. FEI Number      Applied For  
**59-2346848**       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. 189.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address  
21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.  
22. City & State      27. City & State  
23. Zip      28. Zip      29. Country      30. Country

9. Name and Address of Current Registered Agent  
**FINE, JEFFREY M.  
2222 PONCE DE LEON BLVD, PENTHOUSE SUITE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
**5200 Blue Lagoon Drive, Suite 250**  
83.  
84. City      85. Zip Code  
**Miami, Florida      FL      33126**

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, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when renewing)      DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>SD</b>
NAME	<b>GUILFORD, FRANK W., JR.</b>
STREET ADDRESS	<b>2222 PONCE DE LEON BLVD</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>PD</b>
NAME	<b>FINE, JEFFREY M.</b>
STREET ADDRESS	<b>5200 BLUE LAGOON DR., SUITE 200</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>5200 Blue Lagoon Dr., Suite 250</b>
2.4 CITY-ST-ZIP	<b>Miami, Florida 31126</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 liquidator empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an addition.

SIGNATURE: **Frank W. Guilford, Jr. 4/17/95 305/446-8411**