

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

APPROVED
AND
FILED

95 APR 27 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K69132** (4)
1. Corporation Name
THE PONCE DE LEON HOTEL CORPORATION

Principal Place of Business	Mailing Address
1721 PONCE DE LEON BLVD. CORAL GABLES FL 33134 US	1721 PONCE DE LEON BLVD. CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/28/1989	3a. Date of Last Report 05/01/1994
--------------------------------------------------------	----------------------------------------------

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
----------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
---------------------------------------------------------------------------------	-----------------------------

8. This corporation has liability for intangible tax under S. 199.033, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	Country	28 Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THORNTON, RICHARD 1721 PONCE DE LEON BLVD. CORAL GABLES FL 33134				01 Name	
				02 Street Address (P.O. Box Number Is Not Acceptable)	
				03	
				04 City	FL 05 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, RICHARD	1.2 NAME	
STREET ADDRESS	1331 S.W. 93RD COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, RICHARD	2.2 NAME	
STREET ADDRESS	1331 S.W. 93RD COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 its receiver or trustee 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 attachment with an address.

SIGNATURE: Richard Thornton (305) 444-9934
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR