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FILED
May 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 # **K69132** **(4)**

1. Corporation Name
THE PONCE DE LEON HOTEL CORPORATION

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

Mailing Address
1721 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-4416
US

3. Date Incorporated or Qualified: **02/28/1989**
3a. Date of Last Report: **12/10/1996**

21 [redacted] Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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
THORNTON, MARY E
1721 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVT	☐ DELETE
NAME	THORNTON, MARY ELLEN	
STREET ADDRESS	1721 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	MS	☐ DELETE
NAME	D'AQUINO, RAMONA	
STREET ADDRESS	1721 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.T. D	☐ Change ☐ Addition
1.2 NAME	Thornton, Mary Ellen	
1.3 STREET ADDRESS	1721 PONCE DE LEON Blvd.	
1.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134	
2.1 TITLE	V.M D	☐ Change ☐ Addition
2.2 NAME	D'Aquino Ramona	
2.3 STREET ADDRESS	1721 PONCE DE LEON Blvd.	
2.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134	
3.1 TITLE	S D	☐ Change ☐ Addition
3.2 NAME	Richardson, David	
3.3 STREET ADDRESS	1721 PONCE DE LEON Blvd.	
3.4 CITY-ST-ZIP	CORAL GABLES, FLA. 33134	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5/30/97

$165 BAMC

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 if changed, or on an attachment with an address.

SIGNATURE _____ 4/9/97

CR2E034 (9/96)