

<h1 style="margin: 0;">DOCUMENT # L02305</h1>			
<b>1. Entity Name</b> <div style="font-size: 1.2em; font-weight: bold; margin-top: 5px;">PONCE INVESTMENTS INC.</div>			
<b>Principal Place of Business</b> % MANUEL L. RIVERO 1313 PONCE DE LEON BLVD #201 CORAL GABLES FL 33134		<b>Mailing Address</b> % MANUEL L. RIVERO 1313 PONCE DE LEON BLVD #201 CORAL GABLES FL 33134-3343	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>VINAS, ROBERT</b> <b>1313 PONCE DE LEON BLVD</b> <b>SUITE 201</b> <b>CORAL GABLES FL 33134</b>			Name
			Street Address ( )
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or register</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required)</small>			
<b>9. This corporation is eligible to satisfy its Intangible</b> Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of Sta</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12.</b>	
TITLE	<b>P</b> <input type="checkbox"/> Delete		TITLE
NAME	<b>VINAS, ROBERT</b>		NAME
STREET ADDRESS	<b>9971 S.W. 26 STREET</b>		STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33165</b>		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

SIGNATURE: [Signature] 5/1/60 205-443-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)