

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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33657** (8)

1. Corporation Name
INVERSIONES PONCE S.A.

Principal Place of Business 2503 S.W. 27TH AVENUE MIAMI FL 33133	Mailing Address 1699 CORAL WAY #315 MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/18/1991

2. Principal Place of Business 21 ALBERTO J. PARLADE, ESQ. Suite, Apt. #, etc. 22 3850 SW 87 Ave. #207 City & State 23 Miami, Florida Zip 24 33165	2a. Mailing Address 25 ALBERTO J. PARLADE, ESQ. Suite, Apt. #, etc. 27 3850 SW 87 Ave. #207 City & State 28 Miami, Florida Zip 29 33165	4. FEI Number 65-0328509	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANTONIO E. ALONSO
1699 CORAL WAY SUITE 315
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name ALBERTO J. PARLADE, ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable) 3850 SW 87 Avenue, #207
83
84 City Miami
85 Zip Code FL 33165

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP DE FERNANDEZ-NESPRAL, I. 2503 S.W. 27TH AVENUE MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP ISABEL DIAZ-MORO 3850 SW 87 Avenue #207 Miami, Florida 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV NESPRAL, ALEJANDRO F. 2503 S.W. 27TH AVENUE MIAMI FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIAZ-MORO, FRANCISCO 2503 S.W. 27TH AVENUE MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS FRANCISCO DIAZ-MORO 3850 SW 87 Avenue #207 Miami, Florida 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIAZ-MORO, LUISA F. 2503 S.W. 27TH AVENUE MIAMI FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DTVP LUISA F. DIAZ-MORO 3850 SW 87 Avenue #207 Miami, Florida 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

01-19-98

(305)

CR2E034 (10/97)