

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33657

1. Corporation Name

INVERSIONES PONCE S.A.

FILED
99 JAN 12 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3850 S.E. 87TH AVE. #207
MIAMI FL 33165
US

Mailing Address

3850 SW 87TH AVE. #207
MIAMI FL 33165
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 3850 SW 87 Avenue

Suite, Apt. #, etc.

22 #207

City & State

23 Miami, Florida

Zip

24 33165

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

04/18/1991

4. FEI Number

65-0328509

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XX

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ANTONIO E. ALONSO
3850 SW 87TH AVENUE, #207
MIAMI FL 33165

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,

FL

85 Zip Code

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

1-8-99

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 DP ☐ DELETE

NAME DIAZ-MORO, ISABEL
STREET ADDRESS 3850 SW 87TH AVENUE, #207
CITY-ST-ZIP MIAMI FL 33165

TITLE DS ☐ DELETE

NAME DIAZ-MORO, FRANCISCO
STREET ADDRESS 3850 SW 87TH AVENUE, #207
CITY-ST-ZIP MIAMI FL 33165

TITLE DTVP ☐ DELETE

NAME DIAZ-MORO, LUISA F.
STREET ADDRESS 3850 SW 87TH AVENUE #207
CITY-ST-ZIP MIAMI FL 33165

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

Isabel Diaz-Moro, Pres.

1-8-99 (305)552-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)