2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90020 033 ***158.75

DOCUMENT # P33657

1. Entity Name

INVERSIONES PONCE S.A.

819967

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
c/o Alberto J. Parlade	7050 S.W. 86th Av.
Suite, Apt. #, etc.: 7050 S.W. 86th Av.	Suite, Apt. #, etc.:
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33143 Country: U.S.A.	Zip: 33143 Country: U.S.A.

4. FEI Number: 65-0328509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Alberto J. Parlade, Esquire 7050 S.W. 86th Av. Miami, Fl 33143	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: [signature] 3/3/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Isabel Diaz-Moro 3850 S.W. 87th Av. #207 Miami, Fl 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Isabel Diaz-Moro 7050 S.W. 86th Av. Miami, Fl 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Francisco Diaz-Moro 3850 S.W. 87th Av.,#207 Miami, Fl 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T Francisco Diaz-Moro 7050 S.W. 86th Av. Miami, Fl 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTVP Luisa Diaz-Moro 3850 S.W. 87th Av.,#207 Miami, Fl 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S 7050 S.W. 86th Av. Miami, Fl 33143 Luisa Diaz-Moro	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP Ceferino Diaz-Moro 7050 S.W. 86th Av. Miami, Fl 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/3/00 305-595-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date