(305) 569-5859

Daytime Phone #

01-18-01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am **DOCUMENT # P33657 Secretary of State** 1. Entity Name INVERSIONES PONCE S.A. 01-30-2001 90077 046 ***150.00 Principal Place of Business Mailing Address % ALBERTO J. PARLADE 7050 SW 86TH AVE 7050 SW 86TH AVE MIAMI FL 33143 COOTTRODMIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0328509 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --- 7. Name and Address of New Registered Agent NABEL POZA PARLADE, ALBERTO J Street Address (P.O. Box Number is Not Acceptable) 7050 SW 86TH AVE OCEAN BANK - Private Banking Offices **MIAMI FL 33143** 780 NW LeJeune Rd. - Suite #501 Zip Code City Miami 33126 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. (Nabel Poza) 01 - 18 - 01Signature, typed or printed name of resistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE Delete TITLE Change NAME DIAZ-MORO, ISABEL NAME STREET ADDRESS 7050 SW 86TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 TITLE ☐ Delete TITLE Addition NAME DIAZ-MORO, FRANCISCO NAME STREET ADDRESS 7050 SW 86TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** TITLEns~ Delete 1 TITLE " NAME DIAZ-MORO, LUISA F. NAME STREET ADDRESS 7050 SW 86TH AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33143** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition DIAZ-MORO, CEFERINO NAME NAME STREET ADDRESS 7050 SW 86TH AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33143** TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

(Nabel Poza)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: