


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90011 028 ***150.00

DOCUMENT # P33657	
1. Entity Name INVERSIONES PONCE S.A.	

Principal Place of Business % OCEAN BANK ATTN: NABEL POZA 780 N.W. LEJEUNE RD. SUITE 501 MIAMI, FL 33143 US	Mailing Address % OCEAN BANK ATTN: NABEL POZA 780 N.W. LEJEUNE RD. SUITE 501 MIAMI, FL 33143 US
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34022013

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02102004 Chg-P CR2E034 (10/03)

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. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POZA, NABEL 780 NW LEJEUNE RD SUITE 501 MIAMI, FL 33126	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIAZ-MORO, ISABEL 7050 SW 86TH AVE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DIAZ-MORO, FRANCISCO 7050 SW 86TH AVE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DIAZ-MORO, LUISA F. 7050 SW 86TH AVE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DIAZ-MORO, CEFERINO 7050 SW 86TH AVE MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

(x)
SIGNATURE: Isabel Diaz Moro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____



Division of Corporations

54022673

Annual Report

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Document Number

P33657

Business Entity Name

INVERSIONES PONCE S.A.

FEI Number

650328509

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address

% OCEAN BANK ATTN: NABEL POZA

Suite, Apt. #, etc.

1000 BRICKELL AVENUE - SUITE 1200

City, State

MIAMI

FL

Zip Code & Country

33131

US

Mailing Address

Address

% OCEAN BANK ATTN: NABEL POZA

Suite, Apt. #, etc.

1000 BRICKELL AVENUE - SUITE 1200

City, State

MIAMI

FL

Zip Code & Country

33131

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

POZA

NABEL

-or- RA Business Name

Address

780 NW LEJEUNE RD SUITE 501

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33126

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its

own RA.

Registered Agent Signature

(x)

Isabel Diaz Moro



Division of Corporations

54022673

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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