


FILED

Mar 31 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P92000002123 (7)</b>			
<b>1. Corporation Name</b> <b>PONCE DE LEON BUILDING, INC.</b>			
<b>Principal Place of Business</b> <b>2121 PONCE DE LEON BLVD.</b> <b>PH II</b> <b>CORAL GABLES FL 33134</b> <b>US</b>		<b>Mailing Address</b> <b>2121 PONCE DE LEON BLVD.</b> <b>PH II</b> <b>CORAL GABLES FL 33134-5224</b> <b>US</b>	
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
<b>9. Name and Address of Current Registered Agent</b>			
<b>MARCUS, STEWART</b> <b>2121 PONCE DE LEON BLVD.</b> <b>PH II</b> <b>CORAL GABLES FL 33134</b>			<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its registered agent, or both, in the State of Florida. Such change was authorized by the corporation and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)			
<b>OFFICERS AND DIRECTORS</b>			
<b>12.</b> TITLE _____ NAME <b>D</b> _____ STREET ADDRESS <b>MARCUS, STEWART</b> _____ CITY-STATE-ZIP <b>2121 PONCE DE LEON BLVD.</b> _____ <b>CORAL GABLES FL</b> _____		<b>13.</b> 1.1 TITLE _____ 1.2 NAME _____ 1.3 STREET ADDRESS _____ 1.4 CITY-STATE-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		2.1 TITLE _____ 2.2 NAME _____ 2.3 STREET ADDRESS _____ 2.4 CITY-STATE-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		3.1 TITLE _____ 3.2 NAME _____ 3.3 STREET ADDRESS _____ 3.4 CITY-STATE-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		4.1 TITLE _____ 4.2 NAME _____ 4.3 STREET ADDRESS _____ 4.4 CITY-STATE-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		5.1 TITLE _____ 5.2 NAME _____ 5.3 STREET ADDRESS _____ 5.4 CITY-STATE-ZIP _____	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		6.1 TITLE _____ 6.2 NAME _____ 6.3 STREET ADDRESS _____ 6.4 CITY-STATE-ZIP _____	
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502, Florida Statutes, and that the information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report.</b>			
<b>SIGNATURE:</b> _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)

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