

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000028563 (3)**

1. Corporation Name

**PONCE PARTNERSHIP, INC.**

Principal Place of Business  
**1701 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

Mailing Address  
**1701 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134**

**FILED**  
**95 JAN 23 AM 11:17**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/19/1993</b>	3a. Date of Last Report <b>06/28/1994</b>
4. FEI Number <b>65-0406130</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BLANKMAN, DOUGLAS A  
SUITE 1611, ONE FINANCIAL PLAZA  
NATIONSBANK TOWER  
FT. LAUDERDALE FL 33394**

10. Name and Address of Now Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>HASSINE, SIMON</b>
STREET ADDRESS	<b>11 GROVE ISLE DR. #1210</b>
CITY - ST - ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<b>S</b>
NAME	<b>HASSINE, CATHY</b>
STREET ADDRESS	<b>16050 OLD CUTLER ROAD</b>
CITY - ST - ZIP	<b>MIAMI FL 33157</b>
TITLE	<b>T</b>
NAME	<b>ELIAS, PATRICIA</b>
STREET ADDRESS	<b>5890 SW 102 ST.</b>
CITY - ST - ZIP	<b>MIAMI FL 33156</b>
TITLE	<b>V</b>
NAME	<b>HASSINE, MICHELE</b>
STREET ADDRESS	<b>11 GROVE ISLE DR. #1210</b>
CITY - ST - ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	<b>V</b>
NAME	<b>HASSINE, JACKIE</b>
STREET ADDRESS	<b>11 GROVE ISLE DR. #1210</b>
CITY - ST - ZIP	<b>COCONUT GROVE FL 33133</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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.

SIGNATURE *Cathy Hassine* **CATHY HASSINE** 1/12/95 305-4452555  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR