

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

3. Date Incorporated or Qualified: **04/19/1993**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0406130**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	HASSINE, SIMON
STREET ADDRESS	11 GROVE ISLE DR. #1210
CITY - ST - ZIP	COCONUT GROVE FL 33133
TITLE	S <input type="checkbox"/> DELETE
NAME	HASSINE, CATHY
STREET ADDRESS	16050 OLD CUTLER ROAD. 1801 ESPANOLA DR
CITY - ST - ZIP	MIAMI FL 33157 COCONUT GROVE, FL 33133
TITLE	T <input type="checkbox"/> DELETE
NAME	ELIAS, PATRICIA
STREET ADDRESS	5890 SW 102 ST.
CITY - ST - ZIP	MIAMI FL 33156
TITLE	V <input type="checkbox"/> DELETE
NAME	HASSINE, MICHELE
STREET ADDRESS	11 GROVE ISLE DR. #1210
CITY - ST - ZIP	COCONUT GROVE FL 33133
TITLE	V <input type="checkbox"/> DELETE
NAME	HASSINE, JACKIE
STREET ADDRESS	11 GROVE ISLE DR. #1210
CITY - ST - ZIP	COCONUT GROVE FL 33133
TITLE	<input type="checkbox"/> DELETE
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	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1801 ESPANOLA DRIVE
2.4 CITY - ST - ZIP	COCONUT GROVE FL 33133
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10000 SW 60 CT.
3.4 CITY - ST - ZIP	MIAMI FL 33156
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 119.07(3)(k), 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)