

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000068677 (2)

1. Corporation Name  
PONCEANA TRAVEL, INC.



Principal Place of Business Mailing Address  
11441 BIRD RD MIAMI FL 33165 US  
11441 BIRD RD MIAMI FL 33165-3311 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	10/04/1993	04/26/1996
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	65-0440528	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30. Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED 343 ALMERIA AVE CORAL GABLES FL 33134	81. Name: Anolan Ponce 82. Street Address: 188 ISLA DOBADA BLVD 83. City: CORAL GABLES FL 85. Zip: 33143

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: Anolan Ponce DATE: 3-19-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCE, ANOLAN	1.2 NAME	
STREET ADDRESS	8530 SW 4TH ST	1.3 STREET ADDRESS	188 ISLA DOBADA BLVD
CITY-STATE-ZIP	MIAMI FL	1.4 CITY-STATE-ZIP	CORAL GABLES, FL 33143
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCE, MANUEL L. JR.	2.2 NAME	
STREET ADDRESS	2105 LEE AVE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	TALLAHASSEE FL	2.4 CITY-STATE-ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCE, MANUEL L. SR.	3.2 NAME	
STREET ADDRESS	400 SW 15 AVE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MIAMI FL	3.4 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADRON, MELISSA A.	4.2 NAME	
STREET ADDRESS	8530 SW 4TH ST	4.3 STREET ADDRESS	188 ISLA DOBADA BLVD
CITY-STATE-ZIP	MIAMI FL	4.4 CITY-STATE-ZIP	CORAL GABLES, FL 33143
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARDIN, ERIC C.	5.2 NAME	
STREET ADDRESS	8530 SW 4TH ST	5.3 STREET ADDRESS	188 ISLA DOBADA BLVD
CITY-STATE-ZIP	MIAMI FL	5.4 CITY-STATE-ZIP	CORAL GABLES, FL 33143
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 furnished 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. The name of 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 or on an attachment with an address.

SIGNATURE: [Signature] DATE: 2/11/97 (305) 226 779

CR2E034 (9/96)