

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

FILED

**Apr 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000068677 (2)

1. Corporation Name
PONCEANA TRAVEL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11441 BIRD RD MIAMI FL 33185 US	Mailing Address 11441 BIRD RD MIAMI FL 33185 US
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3. Date Incorporated or Qualified 10/04/1993	4. FEI Number 65-0440528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business: 21 10661 N. KENDALL DRIVE Suite, Apt. #, etc. 22 SUITE 118 City & State 23 MIAMI, FLA Zip 24 33176	2a. Mailing Address 26 10661 N. KENDALL DRIVE Suite, Apt. #, etc. 27 SUITE 118 City & State 28 MIAMI, FL Zip 29 33176 Country 30 USA
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9. Name and Address of Current Registered Agent PONCE, ANOLAN 188 ISLA DOBADA BLVD. CORAL GABLES FL 33143	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 188 ISLA DORADA BLVD 83 CORAL GABLES 84 City FL 85 Zip Code 33143
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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 _____ DATE _____
Signature typed or pasted name of registered agent and fee stamp holder. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONCE, ANOLAN	1.2 NAME	
STREET ADDRESS	188 ISLA DOBADA BLVD.	1.3 STREET ADDRESS	188 ISLA DORADA BLVD
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - 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 - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADRON, MELISSA A.	3.2 NAME	
STREET ADDRESS	188 ISLA DOBADA BLVD.	3.3 STREET ADDRESS	188 ISLA DORADA BLVD
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	CORAL GABLES, FL 33143
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADRON, ERIC C	4.2 NAME	
STREET ADDRESS	188 ISLA DOBADA BLVD.	4.3 STREET ADDRESS	188 ISLA DORADA BLVD
CITY - ST - ZIP	CORAL GABLES FL	4.4 CITY - ST - ZIP	CORAL GABLES, FL 33143
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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: *Anolan Ponce* **Anolan Ponce 4-15-98 305 412-2106**

CR2E034 (10/97)