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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000052721 (5)

1. Corporation Name

PONCE DE LEON HOLDINGS, INC.

Principal Place of Business / Mailing Address

265 Sevilla Avenue
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 7/15/94
3a. Date of Last Report:

4. FEI Number: 65-0518212 — Applied For / Not Applicable

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 c/o Frank Perez-Siam, Esq. | 26 c/o Frank Perez-Siam, Esq. |
| Suite, Apt #, etc 22 265 Sevilla Avenue | Suite, Apt #, etc 27 265 Sevilla Avenue |
| City & State 23 Coral Gables, FL | City & State 28 Coral Gables, FL |
| Zip 24 33134 Country 25 Dade | Zip 29 33134 Country 30 Dade |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Carlos Garcia<br>265 Sevilla Avenue<br>Coral Gables, FL 33134 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 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] 4/17/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| TITLE / NAME Garcia, Carlos / STREET ADDRESS / CITY ST ZIP | 1 TITLE President / 2 NAME / 3 STREET ADDRESS 265 Sevilla Avenue / 4 CITY ST ZIP Coral Gables, FL 33134 — [X] Change ☐ Addition |
| TITLE / NAME Perez-Siam, Frank / STREET ADDRESS / CITY ST ZIP | 1 TITLE Vice President / 2 NAME 265 Sevilla Avenue / 3 STREET ADDRESS Coral Gables, FL 33134 / 4 CITY ST ZIP — [X] Change ☐ Addition |
| TITLE / NAME Perez-Siam, Israel / STREET ADDRESS / CITY ST ZIP | 1 TITLE Director / 2 NAME 265 Sevilla Avenue / 3 STREET ADDRESS Coral Gables, FL 33134 / 4 CITY ST ZIP — [X] Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | 1 TITLE / 2 NAME Delete Eduardo Fernandez / 3 STREET ADDRESS / 4 CITY ST ZIP — [X] Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | 1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY ST ZIP — ☐ Change ☐ Addition — 400001521314 -06/23/95--01008--002 ****200.00 ****200.00 — 6/21 |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | 1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY ST ZIP — ☐ Change ☐ Addition — REMITTED BY MAY 1 |

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: [signature] ISRAEL PEREZ-SIAM 4/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #