

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

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000052721 (5)

1. Corporation Name
PONCE DE LEON HOLDINGS, INC.

Principal Place of Business
C/O FRANK PEREZ-SIAM, ESO
265 SEVILLA AVENUE
CORAL GABLES FL 33134

Mailing Address
C/O FRANK PEREZ-SIAM, ESO
265 SEVILLA AVENUE
CORAL GABLES FL 33134-6613

3. Date Incorporated or Qualified
07/15/1994

3a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0518212

Applied For
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip Country

28. Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24. Zip Country

29. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, CARLOS
265 SEVILLA AVENUE
CORAL GABLES FL 33134

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

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 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 D
NAME GARCIA, CARLOS
STREET ADDRESS 265 SEVILLA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

11 TITLE Secretary
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE V
NAME PEREZ-SIAM, FRANK
STREET ADDRESS 265 SEVILLA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

21 TITLE President and CEO
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME PEREZ-SIAM, ISRAEL
STREET ADDRESS 265 SEVILLA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 447-6609

0182615

CR2E034 (9/96)