

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000080234 (5)

1. Corporation Name

CSS PONCE DE LEON INC.



Principal Place of Business

Mailing Address

999 PONCE DE LEON BLVD
SUITE 1015
CORAL GABLES FL 33134

999 PONCE DE LEON BLVD
SUITE 1015
CORAL GABLES FL 33134

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

CONCEPCION, CARLOS F
999 PONCE DE LEON BLVD
SUITE 1015
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

08/25/1995

4. FEI Number

65-0195428

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

10. Name and Address of New Registered Agent

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 607.0501 and 607.1501, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both to 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent or director or officer or authorized agent (Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CONCEPCION, CARLOS F
STREET ADDRESS 999 PONCE DE LEON BLVD. # 1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VPD
NAME SEXTON, FRANCIS X
STREET ADDRESS 999 PONCE DE LEON BLVD. # 1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D
NAME BINGHAM, REID J
STREET ADDRESS 999 PONCE DE LEON BLVD. # 1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D
NAME URDANETA, JUAN J
STREET ADDRESS 999 PONCE DE LEON BLVD. # 1015
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

51 TITLE
52 NAME
53 STREET ADDRESS
54 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 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 a officer or justice empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Book 13 or Book 17 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name

CR2E034 (3/96)