FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000002312 (3)**

1. Corporation Name

2334 PONCE CORP.

Principal Place of Business	Mailing Address
501 BRICKELL KEY DR. SUITE 206, COURVOISIER CENTER MIAMI FL 33131-2608	501 BRICKELL KEY DR. SUITE 206, COURVOISIER CENTER MIAMI FL 33131-2608

3. Date Incorporated or Qualified: 01/09/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2100 Ponce de Leon Blvd.	26 2100 Ponce de Leon Blvd.
Suite, Apt. #, etc: 22 Suite 601	Suite, Apt. #, etc: 27 Suite 601
City & State: 23 Coral Gables, FL	City & State: 28 Coral Gables, FL
Zip: 24 33134 — Country: 25	Zip: 29 33134 — Country: 30

4. FEI Number: 65-0544835 ☐ 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

9. Name and Address of Current Registered Agent

LEWIS, WILLIAM C JR.
501 BRICKELL KEY DR.
SUITE 206, COURVOISIER CENTER
MIAMI FL 33131-2608

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 9100 South Dadeland Boulevard
83 Suite 1707
84 City: Miami FL 85 Zip Code: 33156-7819

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1 1 TITLE	P/S ☐ Change ☒ Addition
NAME	SAIDEN, AMIN	1 2 NAME	
STREET ADDRESS	501 BRICKELL KEY DR., STE. 206	1 3 STREET ADDRESS	1865 Brickell Ave., Apt#A-2108
CITY-ST-ZIP	MIAMI FL 33131-2608	1 4 CITY-ST-ZIP	Miami, FL 33129
TITLE	☐ DELETE	2 1 TITLE	V/D ☐ Change ☒ Addition
NAME		2 2 NAME	SAIDEN, SILVIA A. DE
STREET ADDRESS		2 3 STREET ADDRESS	1865 Brickell Ave., Apt#A-2108
CITY-ST-ZIP		2 4 CITY-ST-ZIP	Miami, FL 33129
TITLE	☐ DELETE	3 1 TITLE	T/D ☐ Change ☒ Addition
NAME		3 2 NAME	SAIDEN, SILVIA
STREET ADDRESS		3 3 STREET ADDRESS	1865 Brickell Ave., Apt#A-2108
CITY-ST-ZIP		3 4 CITY-ST-ZIP	Miami, FL 33129
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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 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: Amin Saiden — 2-13-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AMIN SAIDEN, PRESIDENT

CR2E034 (12/95)