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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortam

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500002312 (3)

2334 PONCE CORP.

1004 FOROE COM .

	F	ILED	
May	11	1998	8:00am
Sec	cret	ary of	State



Principal Place of Business Mailing Address					
2100 PONCE DE LEON BLVD.	2100 PONCE DE LEON B	ND.			
SUITE #601	SUITE #601	,L 10 ,			
CORAL GABLES FL 33134	CORAL GABLES FL 3313	4	DO NOT WRITE IN THIS SPACE		
US	US		3. Date Incorporated or Qualified		
	T		01/09/1995		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		65-0544835	Not Applicable \$8.75 Additional	
Suite, Pipt. W. GIO.	27		Certificate of Status Desired	Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		Trust Fund Contribution	Added to Fees	
Żip Country	Z ip	Country	8. This corporation owes or has pa	aid the current year Intangible	
25	29	30	Personal Property Tax due June	e 30. ☐ Yes ☐ No	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	egistered Agent	
LEWIS, WILLIAM C JR.		81 Name 1	orge I Garcia-Sa	vraft	
9100 So uth Dadeland Boulevai	RD OF	•	ress (P.O. Box Nymber is Not Accepta		
SUITE #1707		\square	o Ponce at veon Pol	<u>va</u>	
MIAMI FL 33156		83 51	ite (00)		
•		84 City	al O aller	85 Zip Code	
		COV	al chables	FL 123(34)	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both the State of agent. I am familiar with, and a cept the obligation	and 607.1508, Florida Statute of Ы⊙ida Such change was r	es, the above-named corp authorized by the corpora	poration submits this statement for the l ition's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered	
agent. I am familiar with, and a cept the obliga-	ins of Section 607.0505, Flo	orida Statutes.	· 6	ub-b-	
SIGNATURE	(January	JORGE I. GA	WIA-SMRAFF	4/21/88.	
Signature Cyped or principles of region of specific Standard Stand		F Registered Agent signature requ	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TITLE D	DELETE	1.1 TUTLE	ADDITIONO/OFFARGED TO OFF	Change Addition	
NAME SAIDEN, AMIN		1.2 NAME			
STREET ADDRESS 1865 BRICKELL AVE., APT. ##	l-2108	1.3 STREFT ADDRESS			
CITY-ST-ZIP MIAMI FL		1.4 CITY - ST - ZIP			
TITLE VD	DELETE	2.1 TITLE		Change Addition	
NAME SAIDEN, SILVIA A. DE		2.2 NAME			
STREET ADDRESS 1865 BRICKELL AVE., APT. ##	AGO BRIGHTH AND ART HA GAGA				
CITY-ST-ZIP MIAMI FL		2 4 CHY-ST-ZIP			
TITLE TD	☐ DELETE	3.1 TIFLE		Change Addition	
NAME SAIDEN, SILVIA		3.2 NAME			
STREET ADDRESS 1865 BRICKELL AVE., APT. ##	\-2108	3 3 STREET ADDRESS			
CITY-ST-ZIP MIAMI FL		3.4. CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
City-St-zip	DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE	L DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
City-St-ZiP	DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE	□ nereit	6.1 TITLE	•	Li Change Li Addillon	
NAME CTREET ADDRESS		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
14. hereby certify that the information supplied wit	h this filing does not qualify fo	6.4 C(1Y-ST-Z(P)	Section 119.07(3)(i) Florida Statutes	further certify that the information	
Indicated on this annual report or supplemental	annual report is true and acc	urate and that my signatu	re shall have the same legal effect as i	if made under oath: that I am an	
officer or director of the corporation or the rocei Block 12 or Block 13 if changed, or on an attack	nmynt with an address.	evoluto tilis tahoit as ted	pared by Chapter Our, Florida Statioles;	ана тагну паша аррааты	