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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000002312

1. Corporation Name

2334 PONCE CORP.

:						
Principal Place	of Business	Mailing Address		I (BASEBI FIN ININI NILSI ANIIS BALSI OPSII ANI	() MT(40)IMMB ()IMF	
2100 PONCE DE	E LEON BLVD.	2100 PONCE DE LEON BLVD).			
SUITE #601 SUITE #601			DO NOT WRITE IN TH	IS SPACE		
CORAL GABLES US	5 FL 33134	CORAL GABLES FL 33134 US		3. Date Incorporated or Qualifed		
00		00		01/09/1995	•	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	App	plied For
21		26		65-0544835	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22 -		27			Fee Re	
City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	· · · · · · · · · · · · · · · · · · ·
Zip	Country		Country	8. This corporation owes the current year		
24	25	29 3		Personal Property Tax.		□No
24	9. Name and Address of Current		·	10. Name and Address of New Registere	d Agent	
			81 Name			
GARCIA-SARRAFT, JORGE I.		82 Street Ac	Idress (P.O. Box Number is Not Acceptable)			
2100 PONCE DE LEON BLVD						
STE			83			
COR	AL GABLES FL 33134		84 City	F	85 Zip C	Code
		2 4 COZ 4EOO Etida Statuton	the above period so	prporation submits this statement for the purpose	_	registered
l office or re	to the provisions or Sections our.0502 egistered agent, or both, in the State of infamiliar with, and accept the obligat	of Florida. Such change was auti	horized by the corpora	ation's board of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE	•			DATE	· 	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	tegistered Agent signature requ		AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: R	egistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: R	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI D SAIDEN, AMIN	t and title if applicable. (NOTE: R D DIRECTORS	egistered Agent signature required 13. 1.1 TITLE 1.2 NAME S	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90105 023 ***150.00

CR2E034 (11/98)