

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

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90105 023 \*\*\*150.00

DOCUMENT # P95000002312

1. Corporation Name  
2334 PONCE CORP.

Principal Place of Business  
2100 PONCE DE LEON BLVD.  
SUITE #601  
CORAL GABLES FL 33134  
US

Mailing Address  
2100 PONCE DE LEON BLVD.  
SUITE #601  
CORAL GABLES FL 33134  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1995

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

GARCIA-SARRAFT, JORGE I.  
2100 PONCE DE LEON BLVD  
STE 601  
CORAL GABLES FL 33134

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 607.0502 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

TITLE D ☐ DELETE  
NAME SAIDEN, AMIN  
STREET ADDRESS 1865 BRICKELL AVE., APT. #A-2108  
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE  
NAME SAIDEN, SILVIA A. DE  
STREET ADDRESS 1865 BRICKELL AVE., APT. #A-2108  
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE  
NAME SAIDEN, SILVIA  
STREET ADDRESS 1865 BRICKELL AVE., APT. #A-2108  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Saiden, Amin  
1.3 STREET ADDRESS 2100 Ponce de Leon Blvd. STE 601  
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME Saiden, Silvia A. De  
2.3 STREET ADDRESS 2100 Ponce de Leon Blvd. STE 601  
2.4 CITY-ST-ZIP Coral Gables, FL 33134

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME Saiden, Silvia  
3.3 STREET ADDRESS 2100 Ponce de Leon Blvd. STE 601  
3.4 CITY-ST-ZIP Coral Gables, FL 33134

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)