


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000093491 (5)			
1. Corporation Name PONCE GLOBI DEVELOPMENT, INC.			
Principal Place of Business 1512 EAST BROWARD BLVD SUITE 301 FORT LAUDERDALE FL 33301		Mailing Address 1512 EAST BROWARD BLVD SUITE 301 FORT LAUDERDALE FL 33301-2190	
2. Principal Place of Business 21 450 EAST LAS OLAS BLVD. Suite, Apt. #, etc. 22 SUITE 700 City & State 23 FT. LAUDERDALE, FL Zip Country 24 33301		2a. Mailing Address 26 450 EAST LAS OLAS BLVD. Suite, Apt. #, etc. 27 SUITE 700 City & State 28 FT. LAUDERDALE, FL Zip Country 29 33301	
9. Name and Address of Current Registered Agent GARDINA, CAROL J 1512 EAST BROWARD BLVD SUITE 301 FORT LAUDERDALE FL 33301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 450 EAST LAS OLAS BLVD. 83 SUITE 700 84 City FT. LAUDERDALE 85 Zip Code FL 33301	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, JOHN H	1.2 NAME	
STREET ADDRESS	1512 EAST BROWARD BLVD STE 301	1.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, PETER H	2.2 NAME	
STREET ADDRESS	1512 EAST BROWARD BLVD	2.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	ST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIRK, ROBERT J	3.2 NAME	
STREET ADDRESS	1512 EAST BROWARD BLVD	3.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(j), 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: <i>Robert J. Stirk</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ROBERT J. STIRK	
		Date 4-18-97 Daytime Phone # 954.524.5336	

CR2E034 (9/96)