PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P9600038136

PONCE BROS., INC.

Dringing	Diago	^6	Pusiness	

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

20994 SOUTHWEST 388TH STREET FLORIDA CITY FL 33034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

20994 SOUTHWEST 388TH STREET FLORIDA CITY FL 33034

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90088 031 ***150.00



	DO NOT WRIT	E IN TH	IS SPACE		
3.	Date Incorporated or Qualifed 05/02/1996				
4.	FEI Number		, ·	Applied For	
	65-0671721			Not Applicable	e
5.	Certificate of Status Desired		• -	75 Additional e Required	
6.	Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees	
_	This serveration away the gure	nt voor	Intangible		

PONCE, MARTIN 20994 SW 388TH STREET

FLORIDA CITY FL 33034

9. Name and Address of Current Registered Agent

Country

	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
24	City 185 Zip Code

Personal Property Tax.

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.

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applica	thie (NOTE: Re	gistered Agent signature re	auired when reinstating)	DATE		
12.	OFFICERS AND DIRECTOR		13,		ES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	PTD	DELETE	1.1 TITLE			. Change	☐ Addition
NAME	PONCE, MARTIN		1.2 NAME		•		ł
STREET ADDRESS	20994 SOUTHWEST 388TH STREET		1.3 STREET ADDRESS	•••			
CITY-ST-ZIP	FLORIDA CITY FL 33034		1.4 CITY-ST-ZIP				
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	PONCE, ASCENCION		2.2 NAME	* * *			
STREET ADDRESS	20994 SOUTHWEST 388TH STREET		2.3 STREET ADDRESS			*	Ì
CITY-ST-ZIP	FLORIDA CITY FL 33034		2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME		i	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		*		· ·
CITY-ST-ZIP			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			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		- 4* k		
STREET ADDRESS			6.3 STREET ADDRESS				
C/TY-ST-ZIP			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:

ENATURE AND TYPED OR PRINTED INJUNE OF SIGNING OFFICER OR DIRECTOR

2-1-99

(305) 245-5492

Daytime Phone

PF034 (11/98)

□No