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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90005 024 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000069924

1. Corporation Name

2222 PONCE CORP.

Principal Place of Business

**1320 SOUTH DIXIE HIGHWAY #781
CORAL GABLES FL 33146**

Mailing Address

**1320 SOUTH DIXIE HIGHWAY #781
CORAL GABLES FL 33146**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/11/1998

4. FEI Number

65-0866429

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.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

22
City & State

City & State

27
City & State

Zip Country

23
Zip Country

Zip Country

28
Zip Country

9. Name and Address of Current Registered Agent

**BROWN, GARY L ESQ
20803 BISCAYNE BOULEVARD
SUITE 200
AVENTURA FL 33180**

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 602.0502 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 of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETENAME **GREENWALD, ALLEN R**
STREET ADDRESS **1320 SOUTH DIXIE HIGHWAY #781**
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE **VSD** ☐ DELETENAME **DAVIDE, ANTHONY**
STREET ADDRESS **7333 CORAL WAY**
CITY-ST-ZIP **MIAMI FL 33155**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 (1/1/98)