

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90076 013 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000100040**

1. Corporation Name

~~2330 PONCE CORP.~~

2330 PONCE CORP.



Principal Place of Business

Mailing Address

C/O 2699 SOUTH BAYSHORE DRIVE  
7TH FLOOR  
MIAMI FL 33133

C/O 2699 SOUTH BAYSHORE DRIVE  
7TH FLOOR  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1998

4. FEI Number

☒ 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 1643 Brickell Ave.

2a. Mailing Address

26 1643 Brickell Ave.

Suite, Apt. #, etc.

22 Apt. 2305

Suite, Apt. #, etc.

27 Apt. 2305

City & State

23 Miami, FL

City & State

28 Miami, FL

Zip

24 33129

Country

25 USA

Zip

29 33129

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPO, INC.  
2699 SOUTH BAYSHORE DRIVE  
7TH FLOOR  
MIAMI FL 33133

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Saiden Amin  
1.3 STREET ADDRESS 1643 Brickell Ave., #2305  
1.4 CITY-ST-ZIP Miami, FL 33129

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE SD ☐ Change ☒ Addition  
2.2 NAME SAIDEN, Silvia de  
2.3 STREET ADDRESS 1643 Brickell Ave., #2305  
2.4 CITY-ST-ZIP Miami, FL 33129

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME de NAVARRO, Silvia Saiden  
3.3 STREET ADDRESS 1643 Brickell Ave., #2305  
3.4 CITY-ST-ZIP Miami, FL 33129

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

*Saiden Amin*  
SIGNATURE REQUIRED SAIDEN, SD

4/29/99

Date

Daytime Phone #

CR2E034 (11/98)