

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V44533 (0)
 1. Corporation Name
PONCE DE LEON CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2720 CORAL WAY 4TH FLOOR MIAMI FL 33145 US	Mailing Address 2333 PONCE DE LEON BLVD STE 650 CORAL GABLES FL 33134 US
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3. Date Incorporated or Qualified 06/11/1992	4. FEI Number 65-0338900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 9400 OLD CUTLER LANE Suite, Apt. #, etc.	2a. Mailing Address 26 100 S.E. 2ND STREET Suite, Apt. #, etc.
22 CORAL GABLES, FL City & State	27 SUITE 4000 City & State
23 33156 Zip Country	28 MIAMI, FL City & State
24 33156 Zip	25 Country
29 33131 Zip	30 Country

9. Name and Address of Current Registered Agent
GUTTMAN, RICHARD
2333 PONCE DE LEON BLVD
SUITE 650
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name **Richard Guttman**
 82 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2ND STREET
 83 **SUITE 4000**
 84 City **MIAMI** FL 85 Zip Code **33131**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL JORGE LUIS SR	1.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD #650	1.3 STREET ADDRESS	9400 OLD CUTLER LANE
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	VPTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL ROSAL JORGE LUIS JR	2.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD #650	2.3 STREET ADDRESS	9400 OLD CUTLER LANE
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	CORAL GABLES, FL 33156
TITLE	VPSD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, FREDERICK	3.2 NAME	
STREET ADDRESS	2333 PONCE DE LEON BLVD #650	3.3 STREET ADDRESS	9400 OLD CUTLER LANE
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	CORAL GABLES FL 33156
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 reports 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: _____ **Jorge Luis del Rosal, Sr. 4/25/98 (305) 662-3785**

CR2E034 (10/97)