

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90004 031 ***150.00

DOCUMENT # V44533
1. Entity Name
 Ponce de Leon Corp.

Principal Place of Business **Mailing Address**
 9400 Old Cutler Lane 9400 Old Cutler Lane
 Coral Gables, FL 33156 Coral Gables, FL 33156

2. Principal Place of Business **3. Mailing Address**
 100 S.E. 2nd Street 100 S.E. 2nd Street
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 4000 **Suite 4000**
 City & State City & State
Miami, FL **Miami, FL**

Zip **Country** **Zip** **Country**
 33131 USA- 33131 USA

4. FEI Number **Applied For**
 65-0338900 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

80090598

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Richard Gutman
 100 S.E. 2nd Street, Suite 4000
 Miami, FL 33131

7. Name and Address of New Registered Agent
 Name **Ignacio G. del Valle**
 Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street
Suite 4000
 City **Miami** **FL** **Zip Code 33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Ignacio G. del Valle Ignacio G. del Valle 4/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000: Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Del Rosal Jorge Luis Sr.	
STREET ADDRESS	9400 Old Cutler Lane	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	Del Rosal Jorge Luis Jr.	
STREET ADDRESS	9400 Old Cutler Road	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	Frederick Wilson	
STREET ADDRESS	9400 Old Cutler Road	
CITY-ST-ZIP	Coral Gables, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 S.E. 2nd Street, Suite 4000	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 S.E. 2nd Street	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100 S.E. 2nd Street	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frederick Wilson Secretary 4/28/00 305-573-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)