

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan (checked), a single-employer plan, a DFE (specify), B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months), C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description), E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: MEWA IKON; 1b Three-digit plan number (PN): 501; 1c Effective date of plan: 08/01/2007; 2a Plan sponsor's name (employer, if for a single-employer plan): MEWA IKON- HEALTH; 2b Employer Identification Number (EIN): 66-0630304; 2c Plan Sponsor's telephone number: 787-620-0585; 2d Business code (see instructions): 525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, Signature of plan administrator, Date 12/11/2025, Name PIO RECHANI; 2. Filed with authorized/valid electronic signature, Signature of employer/plan sponsor, Date 12/11/2025, Name PIO RECHANI; 3. Signature of DFE, Date, Name.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2543
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2543
	<b>6a(2)</b>	2848
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	2848
	<b>6e</b>	
	<b>6f</b>	2848
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:  
4T 4A

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u></p> <p>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 165924597

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

<b>A</b> Name of plan <b>MEWA IKON</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MEWA IKON- HEALTH</b>	<b>D</b> Employer Identification Number (EIN) <b>66-0630304</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

**TRIPLE-S SALUD**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>66-0555677</b>	<b>55816</b>	<b>SP0004036</b>	<b>2848</b>	<b>06/01/2024</b>	<b>05/31/2025</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid <b>694448</b>	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

**IKON INSURANCE, INC.**  
**33 BOLIVIA ST.**  
**SUITE 600**  
**SAN JUAN, PR 00918**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>694448</b>		<b>BROKER</b>	<b>3</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)     
 **b**  Dental     
 **c**  Vision     
 **d**  Life insurance  
**e**  Temporary disability (accident and sickness)     
 **f**  Long-term disability     
 **g**  Supplemental unemployment     
 **h**  Prescription drug  
**i**  Stop loss (large deductible)     
 **j**  HMO contract     
 **k**  PPO contract     
 **l**  Indemnity contract  
**m**  Other (specify) ▶ MAJOR MEDICAL, ORGAN AND TISSUE TRANSPLANT, TELECONSULTA AND QUICK HELP

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....		<b>9a(1)</b>	15432172
(2) Increase (decrease) in amount due but unpaid .....		<b>9a(2)</b>	
(3) Increase (decrease) in unearned premium reserve .....		<b>9a(3)</b>	
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	15432172
<b>b</b> Benefit charges (1) Claims paid .....		<b>9b(1)</b>	14858322
(2) Increase (decrease) in claim reserves .....		<b>9b(2)</b>	
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	14858322
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>	694448	
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....	<b>9c(1)(H)</b>		694448
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

6/1/2024 - 5/31/2025

CompanyCode	Company	GroupNumber	GroupName
SP0006300	MEWA/IKON	000000025492045	xMEWA-DATAWORKS CONS -C
SP0006300	MEWA/IKON	000000025497451	MEWA-HOBART SALES -C
SP0006300	MEWA/IKON	000000025497455	X MEWA-CUTTY SARK -D
SP0006300	MEWA/IKON	000000025497467	MEWA-CHRISTIAN DAY SCHOOL -SP
SP0006300	MEWA/IKON	000000025497468	MEWA-FRIG Y ALM TURABO -SP
SP0006300	MEWA/IKON	000000025497612	XMEWA-TANNER & ASSOC CPALLC-C
SP0006300	MEWA/IKON	000000025497614	MEWA-XYLEM INC -D
SP0006300	MEWA/IKON	000000025500009	XMEWA-CESAR MUNIZ CO -S
SP0006300	MEWA/IKON	000000025500013	XMEWA-CUSTOM RESEARCH -S
SP0006300	MEWA/IKON	000000025500509	XMEWA-DISTRIB FERDOC -S
SP0006300	MEWA/IKON	000000025501735	MEWA-LCDO MIGUEL A ROMAN -C
SP0006300	MEWA/IKON	000000025501742	XMEWA-ANESTHESIA PROV -D
SP0006300	MEWA/IKON	000000025501749	xMEWA-V2A LLC -D
SP0006300	MEWA/IKON	000000025501750	XMEWA-ANESTHESIA PROV COBRA -D
SP0006300	MEWA/IKON	000000025501754	X MEWA-CPA VALDES GARCIA -S
SP0006300	MEWA/IKON	000000025501760	MEWA-PARROQ NTRA SRA PROVID -D
SP0006300	MEWA/IKON	000000025501762	MEWA-PR DRUG COMPANY -C
SP0006300	MEWA/IKON	000000025501789	MEWA-RG ENGINEERING -SP
SP0006300	MEWA/IKON	000000025501790	MEWA-VILLAVICENCIO ASSOC -C
SP0006300	MEWA/IKON	000000025502376	MEWA-PDM UTILITY CORP -CP
SP0006300	MEWA/IKON	000000025502380	X MEWA-CPA PR EMPLOYER -SP
SP0006300	MEWA/IKON	000000025502393	MEWA-LR CPA PSC -C
SP0006300	MEWA/IKON	000000025502412	XMEWA-LASER PRODUCTS INC -CP
SP0006300	MEWA/IKON	000000025502457	xMEWA-LASER PRODUCTS INC -S
SP0006300	MEWA/IKON	000000025502469	MEWA-PERFORMANCE CHEMICALS -C
SP0006300	MEWA/IKON	000000025509535	X MEWA-SMT PR INC -S
SP0006300	MEWA/IKON	000000025510740	MEWA-VR DIST EMP -C
SP0006300	MEWA/IKON	000000025510760	MEWA-LIBRERIA EDUC LLC -CP
SP0006300	MEWA/IKON	000000025510770	MEWA-LIBRERIA EDUC LLC -C
SP0006300	MEWA/IKON	000000025511175	MEWA-MISTOLIN CARIBE -D
SP0006300	MEWA/IKON	000000025511177	MEWA-MISTOLIN CARIBE -S
SP0006300	MEWA/IKON	000000025511676	xMEWA-JUAN F GARCIA INC -S
SP0006300	MEWA/IKON	000000025511679	X MEWA-CPA CALDERON BLANCO -S
SP0006300	MEWA/IKON	000000025511681	MEWA-MARZAN LLC -C
SP0006300	MEWA/IKON	000000025511685	MEWA-UNITED INSURANCE -C
SP0006300	MEWA/IKON	000000025511688	X MEWA-CPA A OCHOA DIST -S
SP0006300	MEWA/IKON	000000025512286	X MEWA-CPA LUIS ZAYAS -S
SP0006300	MEWA/IKON	000000025512291	xMEWA-REMOLQUES DE PR EMP -S
SP0006300	MEWA/IKON	000000025512300	MEWA-S2 SERVICES PR LLC -SP
SP0006300	MEWA/IKON	000000025512301	MEWA-SELECTOS VISTAMAR -CP
SP0006300	MEWA/IKON	000000025512304	MEWA-EDUXYS -C
SP0006300	MEWA/IKON	000000025512307	XMEWA-CPA PET PRODUCT -S
SP0006300	MEWA/IKON	000000025512364	MEWA-S2 SERVICES PR LLC -C

SP0006300	MEWA/IKON	000000025512941	X MEWA-E R AGUA PURA -S
SP0006300	MEWA/IKON	000000025512945	xMEWA-ORKIN PR -S
SP0006300	MEWA/IKON	000000025512961	XMEWA-COMPUTERLINK -D
SP0006300	MEWA/IKON	000000025512964	MEWA-DROGUERIA CABALLERO -C
SP0006300	MEWA/IKON	000000025512966	xMEWA-DROGUERIA CABALLERO -S
SP0006300	MEWA/IKON	000000025512969	MEWA-INOVATIVE EDUC -C
SP0006300	MEWA/IKON	000000025512976	MEWA-ESCUELA HOTELERA SJ -C
SP0006300	MEWA/IKON	000000025512977	XMEWA-COMPUTERLINK -S
SP0006300	MEWA/IKON	000000025512978	X MEWA-ESCUELA HOTELERA SJ -S
SP0006300	MEWA/IKON	000000025512993	X MEWA-CPA ISMAEL NIEVES -S
SP0006300	MEWA/IKON	000000025512995	XMEWA-GARAU Y ROJO -S
SP0006300	MEWA/IKON	000000025513545	MEWA-TREE HOUSE KIDS -D
SP0006300	MEWA/IKON	000000025513549	xMEWA-JC PUERTO RICO -C
SP0006300	MEWA/IKON	000000025513941	X MEWA-BAYAMON SMH CORP -S
SP0006300	MEWA/IKON	000000025513942	MEWA-NOVALIAN SOLUTIONS -D
SP0006300	MEWA/IKON	000000025514190	xMEWA-COMPREHENSIVE H EMP -D
SP0006300	MEWA/IKON	000000025514199	xMEWA-CPA RICARDO LLORENS -S
SP0006300	MEWA/IKON	000000025514200	MEWA-SANCHEZ FIGUEROA -C
SP0006300	MEWA/IKON	000000025519561	MEWA-VITALIFE -CP
SP0006300	MEWA/IKON	000000025519562	MEWA-VISOTEK CORP -C
SP0006300	MEWA/IKON	000000025519564	xMEWA-VISOTEK CORP -S
SP0006300	MEWA/IKON	000000025519569	MEWA-RIGHT WAY ENVIROMENTAL -C
SP0006300	MEWA/IKON	000000025519571	X MEWA-FOWLERS ACADEMY -S
SP0006300	MEWA/IKON	000000025519574	MEWA-NEUROSKELETAL MGMT -D
SP0006300	MEWA/IKON	000000025519575	XMEWA-NEUROSKELETAL MGMT -S
SP0006300	MEWA/IKON	000000025519946	MEWA-PHARMA LOGISTICS LLC -C
SP0006300	MEWA/IKON	000000025519947	MEWA-NOLLA PALOU AND CASELL -C
SP0006300	MEWA/IKON	000000025519955	X MEWA-CPA DE ANGEL AND CO -S
SP0006300	MEWA/IKON	000000025519959	MEWA-ASI INC -D
SP0006300	MEWA/IKON	000000025519960	XMEWA-MEDICAL CENTER PARKING -
SP0006300	MEWA/IKON	000000025519966	MEWA-LLORENS CONSULTING -C
SP0006300	MEWA/IKON	000000025521081	XMEWA-CAPARRA CENTER -C
SP0006300	MEWA/IKON	000000025521089	MEWA-ICF INCORPORATED -CP
SP0006300	MEWA/IKON	000000025521104	MEWA-MOCOROA AND CAST -C
SP0006300	MEWA/IKON	000000025521140	MEWA-LAS BRISAS PROP -C
SP0006300	MEWA/IKON	000000025521144	MEWA-LAS BRISAS PROP -SP
SP0006300	MEWA/IKON	000000025521168	X MEWA-303 DIGITAL LLP -S
SP0006300	MEWA/IKON	000000025521234	MEWA-ASSEMBLERS FAB PR -C
SP0006300	MEWA/IKON	000000025521236	MEWA-ASSEMBLERS FAB PR -SP
SP0006300	MEWA/IKON	000000025521240	XMEWA-ATRIUM BUSINESS -S
SP0006300	MEWA/IKON	000000025522355	MEWA-EMP OMEGA CORP -C
SP0006300	MEWA/IKON	000000025522356	MEWA-CPA JOSE M BARLETTA -SP
SP0006300	MEWA/IKON	000000025522364	xMEWA-ABC PHARMACY INC -S
SP0006300	MEWA/IKON	000000025522365	X MEWA-PAN AMER CEN ONCOL -S
SP0006300	MEWA/IKON	000000025522385	MEWA-VARIETY FOODS EMP -C
SP0006300	MEWA/IKON	000000025522387	MEWA-ADSUAR MUNIZ -C
SP0006300	MEWA/IKON	000000025522390	MEWA-ADSUAR MUNIZ COBRA -C

SP0006300	MEWA/IKON	000000025522394	MEWA-COOP AC RAFAEL CARRION -C
SP0006300	MEWA/IKON	000000025522397	XMEWA-CPA RTC ROMAN AND -S
SP0006300	MEWA/IKON	000000025527635	MEWA-TEDDY DIAZ FAST -D
SP0006300	MEWA/IKON	000000025527639	xMEWA-TEDDY DIAZ FAST -S
SP0006300	MEWA/IKON	000000025527644	MEWA-EIN PLUS LLC -C
SP0006300	MEWA/IKON	000000025527645	MEWA-COOP PUERTORRIQUENA -C
SP0006300	MEWA/IKON	000000025527647	MEWA-COOP PUERTORRIQUENA -SP
SP0006300	MEWA/IKON	000000025527648	MEWA-GENERAL DECOR MANUFAC -SP
SP0006300	MEWA/IKON	000000025527649	MEWA-INTELLIGENCE FORE -D
SP0006300	MEWA/IKON	000000025527657	MEWA-SUPERMARKET SOLUTIONS -C
SP0006300	MEWA/IKON	000000025527661	XMEWA-JORGE LEDON WEBSTER -S
SP0006300	MEWA/IKON	000000025528864	MEWA-IPFS CORPORATION -C
SP0006300	MEWA/IKON	000000025528873	X MEWA-AUDIO VISUAL -S
SP0006300	MEWA/IKON	000000025528875	MEWA-SOMOS CASH AND CARRY -C
SP0006300	MEWA/IKON	000000025528878	MEWA-PARLIAMENT CAPITAL -C
SP0006300	MEWA/IKON	000000025528879	MEWA-SELECTOS SABANA -C
SP0006300	MEWA/IKON	000000025528887	XMEWA-MARTEX FARMS -S
SP0006300	MEWA/IKON	000000025528916	MEWA-INTERSERVICE GROUP -SP
SP0006300	MEWA/IKON	000000025528917	XMEWA-INTERSERVICE GROUP -S
SP0006300	MEWA/IKON	000000025532608	xMEWA-CPA ADMINISTRACION -S
SP0006300	MEWA/IKON	000000025532612	MEWA-CPA ADMINISTRACION -C
SP0006300	MEWA/IKON	000000025534167	MEWA-IBERTIL GROUP LLC -SP
SP0006300	MEWA/IKON	000000025534941	xMEWA-OPEN LINK PUERTO RICO -D
SP0006300	MEWA/IKON	000000025534950	MEWA-CARIBBEAN AUTO -C
SP0006300	MEWA/IKON	000000025534951	XMEWA-CARIBBEAN AUTO -S
SP0006300	MEWA/IKON	000000025534954	MEWA-INT COFFEE VENDORS -C
SP0006300	MEWA/IKON	000000025534966	MEWA-MED CONNECTION -C
SP0006300	MEWA/IKON	000000025535377	X MEWA-PONCE MAINTENANCE -S
SP0006300	MEWA/IKON	000000025535379	MEWA-RS INTEGRATED -D
SP0006300	MEWA/IKON	000000025535381	MEWA-C&N DEL ESTE TRADING -C
SP0006300	MEWA/IKON	000000025535386	MEWA-PROD LA FINCA -C
SP0006300	MEWA/IKON	000000025535388	xMEWA-PROD LA FINCA -S
SP0006300	MEWA/IKON	000000025535396	xMEWA-C&N DEL ESTE TRADING -S
SP0006300	MEWA/IKON	000000025535625	MEWA-TALLABOA PR LLC -D
SP0006300	MEWA/IKON	000000025535628	MEWA-EMI EQUITY -C
SP0006300	MEWA/IKON	000000025535629	MEWA-R F MORTGAGE -C
SP0006300	MEWA/IKON	000000025535632	xMEWA-EMI EQUITY -CP
SP0006300	MEWA/IKON	000000025535638	xMEWA-R F MORTGAGE -S
SP0006300	MEWA/IKON	000000025536163	xMEWA-INT COFFEE VENDORS -S
SP0006300	MEWA/IKON	000000025536186	MEWA-MITSUBISHI -CP
SP0006300	MEWA/IKON	000000025551181	MEWA-PALADIUS CORP -C
SP0006300	MEWA/IKON	000000025604209	MEWA-JUAPI PROJECT -C
SP0006300	MEWA/IKON	000000025696541	xMEWA-COLON ESPADA ACCOUNT -S
SP0006300	MEWA/IKON	000000025700559	MEWA-ACTION SERVICE -C
SP0006300	MEWA/IKON	000000025757479	XMEWA-THE ART OF SMILES PR S
SP0006300	MEWA/IKON	000000025862122	MEWA-TANULI CONSULTING -SP
SP0006300	MEWA/IKON	000000026009366	xMEWA-CARMIAM INC -S

SP0006300	MEWA/IKON	000000026106094	xMEWA-ERTEC -S
SP0006300	MEWA/IKON	000000026117781	MEWA-TRADERS AND COMPANY -C
SP0006300	MEWA/IKON	000000026119087	X MEWA-TESLA RADIOLOGY INC -S
SP0006300	MEWA/IKON	000000026135534	MEWA-OFICINA DR XAVIER QU -SP
SP0006300	MEWA/IKON	000000026176747	xMEWA-MOCOROA AND CAST -S
SP0006300	MEWA/IKON	000000026267071	MEWA-J AND M DEPOT INC -C
SP0006300	MEWA/IKON	000000026274980	XMEWA-EFRAIN NUNEZ INC -CP
SP0006300	MEWA/IKON	000000026285651	MEWA-ORTHO AND ARTHROSCOP -C
SP0006300	MEWA/IKON	000000026339428	MEWA-TOTAL COSMETICS DIST -C
SP0006300	MEWA/IKON	000000026368511	MEWA-KOMODIDAD DISTRIBUTOR -SP
SP0006300	MEWA/IKON	000000026389435	MEWA-FRANKLIN CREDIT -D
SP0006300	MEWA/IKON	000000026389735	MEWA-DANNY CRANE INC -C
SP0006300	MEWA/IKON	000000026390742	XMEWA-DANNY CRANE INC S
SP0006300	MEWA/IKON	000000026599649	X MEWA-COQUI HOLDINGS CRL -S
SP0006300	MEWA/IKON	000000026623557	xMEWA-MUN CONSULTANT -D
SP0006300	MEWA/IKON	000000026636110	XMEWA-OCCUMED HEALTH SPECIA -S
SP0006300	MEWA/IKON	000000026637038	MEWA-BRANCO LLC EMP -C
SP0006300	MEWA/IKON	000000026637056	xMEWA-BRANCO REG EMP -S
SP0006300	MEWA/IKON	000000026693087	xMEWA-LYNERT INC S
SP0006300	MEWA/IKON	000000026707357	MEWA-UNICARE -C
SP0006300	MEWA/IKON	000000026713566	X MEWA-MALGOR -S
SP0006300	MEWA/IKON	000000026713579	MEWA-MALGOR -C
SP0006300	MEWA/IKON	000000026715346	xMEWA-MEDICS -C
SP0006300	MEWA/IKON	000000026715592	xMEWA-MEDICS COBRA -C
SP0006300	MEWA/IKON	000000026715594	xMEWA-MEDICS -S
SP0006300	MEWA/IKON	000000026753750	xMEWA-NOLLA DE GARCIA PSC -S
SP0006300	MEWA/IKON	000000026756620	MEWA-MIO CONSULTING LLC -C
SP0006300	MEWA/IKON	000000026757805	MEWA-NUPHOTON CONSULTING -D
SP0006300	MEWA/IKON	000000026764242	XMEWA-MANUEL A ZAVALA MD S
SP0006300	MEWA/IKON	000000026764993	MEWA-CLEAN EARTH OF PR -D
SP0006300	MEWA/IKON	000000026765004	XMEWA-CASA VERDE HOSP RETAI -S
SP0006300	MEWA/IKON	000000026785142	xMEWA-GLOBAL SALES GROUP -S
SP0006300	MEWA/IKON	000000026789026	xMEWA-MIRACLE AUTO CARE -S
SP0006300	MEWA/IKON	000000026790978	MEWA-ICF INCORP -SP
SP0006300	MEWA/IKON	000000026791865	xMEWA-LEGAL CREDIT SOLUTIONS-S
SP0006300	MEWA/IKON	000000026791869	MEWA-SOFTEK INC -D
SP0006300	MEWA/IKON	000000026791884	MEWA-ASOC MIDA -CP
SP0006300	MEWA/IKON	000000026793367	x MEWA-INSIDE LOGISTICS PR -S
SP0006300	MEWA/IKON	000000026855867	XMEWA-CALESA MOTORS INC -S
SP0006300	MEWA/IKON	000000026855881	XMEWA-CALESA MOTORS INC -BO
SP0006300	MEWA/IKON	000000026869963	xMEWA-WESLEYAN ACADEMY -S
SP0006300	MEWA/IKON	000000026869966	MEWA-WESLEYAN ACADEMY -C
SP0006300	MEWA/IKON	000000026884770	XMEWA-ARGOS PR CORP S
SP0006300	MEWA/IKON	000000026884774	XMEWA-ARGOS PR CORP COBRA S
SP0006300	MEWA/IKON	000000026917466	MEWA-REFRIGERAMA -C
SP0006300	MEWA/IKON	000000026917474	MEWA-REFRIGERAMA -SP
SP0006300	MEWA/IKON	000000026964543	MEWA-QUIRCH FOODS -C

SP0006300	MEWA/IKON	000000026975069	xMEWA-QUALITY FOR BUSINESS -S
SP0006300	MEWA/IKON	000000026975078	X MEWA-SPOTIN TOURS -S
SP0006300	MEWA/IKON	000000026976400	MEWA-HEALTHMAP SOLUTIONS -D
SP0006300	MEWA/IKON	000000026976402	MEWA-HEALTHMAP SOLUTIONS -SP
SP0006300	MEWA/IKON	000000026991770	MEWA-AXESA SERVICIOS -CP
SP0006300	MEWA/IKON	000000026998619	xMEWA-RN PROMOTIONS S
SP0006300	MEWA/IKON	000000027002988	MEWA-INFOPAGINAS -CP
SP0006300	MEWA/IKON	000000027003223	MEWA-ABRA REAL STATE -D
SP0006300	MEWA/IKON	000000027003225	X MEWA-ABRA REAL STATE -S
SP0006300	MEWA/IKON	000000027007131	MEWA-RAFAEL MACHIN PORRATA -C
SP0006300	MEWA/IKON	000000027018535	X MEWA-HCV DISTRIBUTORS -S
SP0006300	MEWA/IKON	000000027026699	XMEWA-INTERNATIONAL LEADERSH S
SP0006300	MEWA/IKON	000000027027303	xMEWA-CORTES HERMANOS -S
SP0006300	MEWA/IKON	000000027027304	MEWA-CORTES HERMANOS -C
SP0006300	MEWA/IKON	000000027035292	MEWA-GRAMAS LINDAS -D
SP0006300	MEWA/IKON	000000027035303	X MEWA-TFC JET SERVICES -C
SP0006300	MEWA/IKON	000000027035308	MEWA-ESB PR CORP -C
SP0006300	MEWA/IKON	000000027035325	MEWA-SYNERGY M AND E -C
SP0006300	MEWA/IKON	000000027047156	XMEWA-PROGRAMA DE APOYO S
SP0006300	MEWA/IKON	000000027064220	X MEWA-BEST BUDS LLC -S
SP0006300	MEWA/IKON	000000027064221	MEWA-BEST BUDS LLC -C
SP0006300	MEWA/IKON	000000027087666	X MEWA-CARRIER CREDIT -CP
SP0006300	MEWA/IKON	000000027107653	MEWA-IGPR -D
SP0006300	MEWA/IKON	000000027280005	MEWA-IMPERIAL DADE -C
SP0006300	MEWA/IKON	000000027319359	xMEWA-LARES CASH CARRY-CP
SP0006300	MEWA/IKON	000000027319892	MEWA-GENERAL WHOLE -SP
SP0006300	MEWA/IKON	000000027320787	XMEWA-24 DISTRIBUTORS INC -S
SP0006300	MEWA/IKON	000000027322686	xMEWA-FFIL ADMINISTRATIVO -C
SP0006300	MEWA/IKON	000000027323248	MEWA-TECH MEDICAL GRP -D
SP0006300	MEWA/IKON	000000027323877	MEWA-GROUP OF EIGHTEEN -C
SP0006300	MEWA/IKON	000000027323878	XMEWA-GLOBAL FOODS -SP
SP0006300	MEWA/IKON	000000027329684	MEWA-TOP TRADERS -D
SP0006300	MEWA/IKON	000000027329691	X MEWA-TOP TRADERS - S
SP0006300	MEWA/IKON	000000027330321	xMEWA-CARIBBEAN SHOULDER -S
SP0006300	MEWA/IKON	000000027330322	xMEWA-IBERTIL GROUP LLC - S
SP0006300	MEWA/IKON	000000027331441	MEWA-ARGOS PR CORP -C
SP0006300	MEWA/IKON	000000027335466	X MEWA-KPM REALTY ADV - S
SP0006300	MEWA/IKON	000000027342508	MEWA-AXESA SERVICIOS COBRA -CP