FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **519585** **(4)**

1. Corporation Name

SUMINA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3401-H N.W. 72ND AVE. MIAMI FL 33122 US	3401-H N.W. 72ND AVE. MIAMI FL 33122 US

3. Date Incorporated or Qualified: 12/02/1976
3a. Date of Last Report: 01/31/1995

2. Principal Place of Business	2a. Mailing Address
21 4505 NW 72 AVE.	26 4505 NW 72 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI, FL
24 Zip: 33166 25 Country: US	29 Zip: 33166 30 Country: U.S.

4. FEI Number: 59-1696912 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOBERG, SIGURD 3625 N. COUNTRY CLUB DRIVE., APT. 2006 NORTH MIAMI BCH. FL 33180	81 Name: KOBERG, SIGURD 82 Street Address (P.O. Box Number is Not Acceptable): 3625 N. COUNTRY CLUB DR #2006 83 84 City: AVENTURA FL 85 Zip Code: 33180

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: _____ DATE: _____
Signature, typed or printed name of individual with authority to sign on behalf of corporation. NOTE: Registered Agent signature is required by law in all cases.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	KOBERG, SIGURD		1.2 NAME		
STREET ADDRESS	3625 N COUNTRY CL. #2006		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BCH FL		1.4 CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	KOBERG, RONALD F		2.2 NAME		
STREET ADDRESS	3625 N COUNTRY CLUB DR #2005		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	STD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	KOBERG, MANFRED J.		3.2 NAME		
STREET ADDRESS	6650 SW 104TH ST		3.3 STREET ADDRESS	781 ALLENDALE RD	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	600001863846 -06/17/96--01047--025 ***225.00	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	Ck 12.96	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #