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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 552762

SUMMIT IMPORT CORPORATION

Principal Place of Business
10345 SW 96TH TERR MIAMI FL 33186

Mailing Address

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90223 011 ***150.00



10345 SW 96TH MIAMI FL 33186 US		10345 SW 96TH TERR Miami FL 33186 US				DO NOT WRITE IN 3. Date incorporated or Qualifed	THIS SPACE	}
						11/17/1977		
2 Principal Pl	ace of Business	2a, Mailing Addr	ess		·	4. FEI Number	A	pplied For
21		<u> </u>	26			59-1790497	N	ot Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.			_	\$8.75	Additional
22		27	27			5. Certificate of Status Desired	Fee R	equired
City & State	e ————————————————————————————————————	· City & State				6. Election Campaign Financing .	_\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	· Country	Zip		Country		 This corporation owes the current ye 		
24	25	29	30			Personal Property Tax.	☐ Yes	⊠ No
	g. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Regist	ered Agent	
				81	Name			
	JS, JUDITH Z. 15 SW 96 TERR			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAN	/II FL 33186			83				
				84	City		FL 85 Zip	Code
					<u> </u>		· —	n rogistorod
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such chan	ae was authoriz	zea ov	the corporati	poration submits this statement for the purpoion's board of directors. I hereby accept the	appointment as r	egistered
SIGNATURE						ad when reinstating) DA	TE	
	Signature, typed or printed name of registered ag	ent and title if applicable. ND DIRECTORS			t signature require	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER		OPS IN 12
1 47								
12.				13.	1	ADDITIONS/CHANGES TO OFFICER	Change	
TITLE	PD		ELETE 1.	.1 TITLE		ADDITIONS/CHANGES TO OFFICE		
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS