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

**PROFIT CORPORATION ANNUAL REPORT** 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K12527

(3)

Mailing Address

SUMMERTREE INVESTORS CORP.

**FILED** May 06 1997 8:00am Secretary of State



2333 PONCE DE LEON BLVD STE 650 CORAL GABLES FL 83134		2333 PONCE DE LEON BLVD STE 650 CORAL GABLES FL 33134-5418				
US		US			<ol> <li>Date Incorporated or Qualified 01/20/1988</li> </ol>	3a. Date of Last Report 06/04/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0125739	Not Applica
22		27		5. Certificate of Status Desired	\$8.75 Additiona	
City & State	)	City & State			6. Election Campaign Financing	<u> </u>
:3		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for i	
4	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	Jistered Agent
GUTTMAN, RICHARD				1 Name		
	PONCE DE LEON BYLD		Ī	Street Add	dress (P.O. Box Number is Not Acceptab	(e)
STE		-		83		
COH	AL GABLES FL 33134		1	.		
			1	4 City		85 Zip Code
44 Parauant	a the provisions of Sections 207 000	00 and 0034 500 ftaile 04				FL 10 Ep code
SIGNATURE	n familiar with, and accept the oblig				poration submits this statement for the p ation's board of directors. I hereby accep	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELE1E	1.1 1/1L			Change Add
NAME	ROSADO, JOSE F.		1.2 NAN	E		
STREET ADDRESS	2333 PONCE DE LEON BLVD,	STE 650	1.3 STR	ET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY	- ST - ZIP		
TITLE	VTD	DELETE	2.1 7111			Change Add
NAME	BLANCO, FRANCISCO, JR.	OTC OFO	2.2 NAM	Ε		
STREET ADDRESS	2333 PONCE DE LEON BLVD, CORAL GABLES FL	91E 000		£1 ADDRESS		
CITY-ST-ZIP	S	District		1-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE	GUTTMAN, RICHARD	L_) DELETE	3.1 THL			Change Add
NAME ATREET ADDRESS	2333 PONCE DE LEON BLVD.	STE 850	3.2 NAV			
STREET ADDRESS	CORAL GABLES FL	012 000	1	ET ADDRESS		
CITY-ST-ZIP TITLE	- COIVE GIBLEOTE	DELETE	3.4, CIT 4.1 TITE	'-ST-ZIP		Change Add
NAME			4.1 HTC			L Change L A00
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-S1-ZIP		
TITLE		DELFIE	5.1 Till:			Change Add
NAME		<del>-</del>	5.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- S1 - ZIP		
TITLE		DELETE	6.1 TITL			Change Add
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRI	ET ADDRESS		
CITY-ST-ZIP			6.4 C/1 Y			
14. I do hereb information I am an of appears in	y certify that the information supplied indicated on this anotal report or a ficer or director of the corporation of a Block 12 or Block 13 if charged	d with this filing does not ou sugglemental annual report i ne receiver or trustee emp on an attachment with an a	ialify for the e is true and ac powered to ex address.	curate and thate curate and that ocute this repo	d in Section 119.07(3)(i), Florida Statutes If my signature shall have the same loga ort as required by Chapter 607, Florida S	. I further certify that the effect as if made under oath; latutes; and that my name