

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N94000002859 (6)**

1. Corporation Name

**SUMMIT OF THE AMERICAS, INC.**



Principal Place of Business

Mailing Address

**COURTHOUSE CENTER  
175 NW 1ST AVE., SUITE 2500  
MIAMI FL 33128**

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175 NW 1ST AVE., SUITE 2500  
MIAMI FL 33128**

3. Date Incorporated or Qualified

**06/08/1994**

3a. Date of Last Report

**07/13/1995**

4. FEI Number

**65-0496559**

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

2. Principal Place of Business

**21 200 S. BISCAYNE BLVD.**

Suite, Apt. #, etc.

**22 SUITE 5300**

City & State

**23 MIAMI FL**

Zip

**24 33131**

Country

**25 USA**

2a. Mailing Address

**26 200 S. BISCAYNE BLVD.**

Suite, Apt. #, etc.

**27 SUITE 5300**

City & State

**28 MIAMI, FL**

Zip

**29 33131**

Country

**30 USA**

9. Name and Address of Current Registered Agent

**BROCHIN, ROBERT M  
5300 1ST UNION FINANCIAL CENTER  
200 S. BISCAYNE BLVD.  
MIAMI FL 33131-2339**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **LAWRENCE, DAVID JR**  
STREET ADDRESS **THE MIAMI HERALD, 1 HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☒ DELETE

NAME **HOLIFIELD, MARILYN**  
STREET ADDRESS **HOLLAND & KNIGHT, 701 BRICKELL AVE, #3000**  
CITY-ST-ZIP **MIAMI FL 33101**

TITLE **DP** ☒ DELETE

NAME **PEREZ, JORGE**  
STREET ADDRESS **THE RELATED GROUP OF FL, 2828 CORAL WAY**  
CITY-ST-ZIP **MIAMI FL 33145**

TITLE **D** ☒ DELETE

NAME **AVINO, JOAQUIN**  
STREET ADDRESS **METROPOLITAN DADE CO, 111 NW 1 ST, 29 FLR.**  
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **OFFICER/DIRECTOR** ☐ DELETE

NAME **VODICKA, SUSAN**  
STREET ADDRESS **200 S BISCAYNE BLVD STE 5100**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **OFFICER/DIRECTOR** ☒ Change ☐ Addition

12 NAME **BUDDY HACKETT**  
13 STREET ADDRESS **THE CAPITOL**  
14 CITY-ST-ZIP **TALLAHASSEE, FL. 32301**

21 TITLE **OFFICER/DIRECTOR** ☒ Change ☐ Addition

22 NAME **LUIS LAURENDO**  
23 STREET ADDRESS **GREENBERG TRADING**  
24 CITY-ST-ZIP **1221 BRICKELL AVE, MIAMI, FL. 33131**

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

**100001893521  
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\*\*\*\$61.25**

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)(k), 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 617, 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

**SUSAN S. VODICKA**

**7/8/96**

Date

**305-982-0606**

Daytime Phone #

**CS 7/15/96**

CR2E037 (12/95)