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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9400002859 (6)

SUMMIT OF THE AMERICAS, INC.

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Principal Plac	e of Business		Mailir	ng Address					1 100 17(0) 010 10111 01011	••••••••	)(() <b>44</b> (1) <b>48</b> (	79 11884 18191	
200 S. BISCAYNE BLVD SUITE 5300		200 S. BISCAYNE BLVD SUITE 5300											
MIAMI FL 33175			MIAMI	FL 33131-2339				3.	Date Incorporated or C 06/08/1994	ualified	3a. Da	te of Last I	Report 196
<b>—</b> '	Place of Business		<del> </del>	lailing Address			····	4.	FEI Number 65-0496559		L.,		pplied For
Suite, Apt.	#, etc		<b>26</b>   Si	uite, Apt. #, etc.					00 010000				ot Applicabl Additional
22			27	, , , , , , , , , , , , , , , , , , , ,				5.	Certificate of Status De	sired			equired
City & Stat	te		C	ity & State				6.	Election Campaign Fina	ancing		\$5.00	May Be
23			28						Trust Fund Contribution			Added	to Fees
Zip	Cou	ntry	Z₁	р	-	untry		8.	This corporation has lia				s. 199.032,
24	9. Name and Ad	drage of Curren	29		30	1			Florida Statutes		Yes [		
	y, Hallie ariu Au	areas or curren	ır neğister	ес Аделі		81	Name	10.	Name and Address of	New Heg	istered A	gent	
DOMANI	N DODEDT N						1101110						
	in, robert m St union financi	AI CENTED				62	Street Add	dress (P	O. Box Number is Not	Acceptable	9)		
	BISCAYNE BLVD.	AL CENTER				63					<del></del>		
	L 33131-2339					Ш							
IIII/Aiii I	L 00 10 1-2003					84	City				FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of S	octions 617.050	2 and 617.	1508. Florida Sta	tutes, the a	bove-	named co	rporation	n submits this statement	for the nu	rnose of	changing .	te renieterer
office or r	registered agent, or b	oth, in the State	of Florida.	Such change wa	s authorize	d by 1	the corpora	ation's b	n submits this statement poard of directors. I here	by accept	the appo	ointment as	registered
SIGNATURE	m rammar with, and E	coopi ine obliga	alions of, 5	ection 017.0303,	riuliua Sta	iiuies.							
SIGNATIONE.	Signature, lyped or printed r	ame of registered agei	nt and title f ap	opicable. (N	OTE: Registere	ed Ageni	t signature requ	uired when	re-instating)		DATE		
12.	Signature, lyped or printed r	or registered age OFFICERS AND			IOTE: Registere		t signature requ	·	reinstating) ADDITIONS/CHANGES 1	O OFFICE		DIRECTO	R\$ IN 12
	Signature, typed or printed r						t signature requ	·	T	O OFFICE		DIRECTO	RS IN 12
12.	OD MACKAY, BUDI	OFFICERS AND		ORS	13. 1.1 T		t signature req	·	T	O OFFICE			
12. TIFLE	OD MACKAY, BUDE THE CAPITOL	OFFICERS AND		ORS	13. 1.1 T 1.2 N	TLE		·	T	O OFFICE			
12. TIFLE NAME	OD MACKAY, BUDE THE CAPITOL TALLAHASSEE	OFFICERS AND		ORS DELETE	13. 1.1 T 1.2 h 1.3 S	TLE IAME	LODRESS	·	T	O OFFICE			
12. TIFLE NAME STREET ADDRESS	OD MACKAY, BUDE THE CAPITOL TALLAHASSEE OD	OFFICERS AND  Y  FL 32301		ORS	13. 1.1 T 1.2 h 1.3 S	TILE LAME STREET A	LODRESS	·	T	O OFFICE			
12. TIFLE NAME STREET ADORESS CITY-S1-ZIP	OD MACKAY, BUDI THE CAPITOL TALLAHASSEE OD LAUREDO, LUIS	OFFICERS AND  Y  FL 32301		ORS DELETE	13. 1.1 T 1.2 h 1.3 S 1.4 C	TILE  IAME  STREET A  CITY-ST-	LODRESS	·	T	O OFFICE		Change	Addition
12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	OD MACKAY, BUDE THE CAPITOL TALLAHASSEE OD LAUREDO, LUIS 1221 BRICKELL	OFFICERS AND  Y  FL 32301  AVE		ORS DELETE	13. 1117 12h 138 140 2117 22h	TILE  IAME  STREET A  CITY-ST-	IDDRESS -ZIP	·	T	O OFFICE		Change	Addition
12. TIFLE NAME STREET ADDRESS CITY-SI-ZIP TIFLE NAME STREET ADDRESS CITY-SI-ZIP	OD MACKAY, BUDE THE CAPITOL TALLAHASSEE OD LAUREDO, LUIS 1221 BRICKELL MIAMI FL 3313	OFFICERS AND  Y  FL 32301  AVE		DRS  DELETE  DELETE	13. 11T 12h 13S 14C 21T 22h 23S 2.44	TTLE TAME STREET A STY-ST- TTLE TAME STREET A CITY-ST	DDRESS -ZIP	·	T	O OFFICE		Change Change	Addition
12. TIFLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	OD MACKAY, BUDD THE CAPITOL TALLAHASSEE OD LAUREDO, LUIS 1221 BRICKELL MIAMI FL 33131	OFFICERS AND DY FL 32301 AVE		ORS DELETE	13. 111 12 h 13 S 14 C 21 T 22 h 23 S 2.4 ( 3.1 T	TITLE LAME STREET A CITY-ST- TITLE LAME STREET A CITY-ST	DDRESS -ZIP	·	T	O OFFICE		Change	Addition
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SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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Secretary of State