FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

P95000038634 (8)

1. Corporation Name
SUMMERWINDS U.S.A., INC.

Principal Place of Business	Mailing Address
414 S. 56TH TERRACE HOLLYWOOD FL 33023	414 S. SETH TERRACE HOLLYWOOD FL 33023



,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				3. Date Incorporated or Qualified 3a. C 05/16/1995	Date of Last Report
				4. FE) Number	Applied For
2. Principal Place	e of Business	2a. Mailing Address		65-0590573	Not Applicable
21		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, •	etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangib Florida Statutes Yes X No	ie tax unger s 199.032,
24	25]	11	30	10. Name and Address of New Register	ed Agent
343 ALMERIA AVENDE				THE LAWRENCE 1. MISUKEWICZ Bet Address P.O. Box Number is Not Acceptable) 414 S. 5 & TERR	
	GABLES FL 33134		84 City //	OLLYWOOD I	FL 85 Zip Code 33823
11. Pursuant to or registered familiar with,	the provisions of Sections 607.056 agent, or toth, in the State of Flo. and accept the obligations of, Se	/ WULLUA	www	pration submits this statement for the purpose of and of directors. I hereby accept the appointment of the a	t as registered agent. I am
SI	OFFICERS A	ND DIRECTORS	113	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	P	DELETE	1. 1 TiTLE		☐ Change ☐ Addition
NAME	MISUKEWICZ, LAWRENCI	= V	1.2 NAME		
STREET ADDRESS	414 S. 56TH TERRACE	• •	1.3 STREET ADDRESS		
l	HOLLYWOOD FL 33023		1.4 C(1Y - ST - Z(P		
CITY-ST-ZIP TITLE	HOLETWOOD TE GOOLS	DELETE	2 1 TIFLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
			2.4 CITY - ST - ZIP		
CITY-ST-ZIP		DELETE	3 1 1 TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
			3.4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	4. 1 TITLE		Change Addition
NAME		_	4.2 NAME		
ì			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		[] DELETE	5 1 THILE		☐ Change ☐ Addition
		L. .	5.2 NAME		
NAME express addresses			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST - ZIP		
CITY-ST-7IP		[] DELETE	6. 1 TITLE		Change Addition
TITLE			6.2 NAME		
NAME			6 3 STREET ADDRESS		
STREET ADDRESS			6.4 CHY-ST-ZIP		
CITY-ST-ZIP		de de files in religionista de la files	iohad and door not qualif	fy for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

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)(ii), Florida Statutes, in Junier 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 certify that the information indicated on this annual report 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 changes, or on an attachment with an address.

SIGNATURE:

TURY AND TYPED ON PHINNED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 3059810560