

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90001 037 ***150.00

DOCUMENT # P95000047489

1. Corporation Name
SUMMA RECORDS, INC.

Principal Place of Business

18008 S.W. 30 COURT
MIRAMAR FL 33029
US

Mailing Address

18008 S.W. 30 COURT
MIRAMAR FL 33029
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1995

4. FEI Number

65-0590402

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 426 SW 195 Ave.

2a. Mailing Address

26 426 SW 195 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Pembroke Pines, FL

City & State

28 Pembroke Pines, FL

Zip

24 33029

Country

25 U.S.

Zip

29 33029

Country

30 U.S.

9. Name and Address of Current Registered Agent

GABRIEL BUITRAGO
18008 S.W. 30 COURT
MIRAMAR FL 33029

10. Name and Address of New Registered Agent

81 Name

Gabriel Buitrago

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

426 SW 195 Ave.

83

84 City

Pembroke Pines

FL

85 Zip Code

33029

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 607.0505, 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 PTDM ☐ DELETE

NAME BUITRAGO, GABRIEL

STREET ADDRESS 18008 S.W. 30 COURT

CITY-ST-ZIP MIRAMAR FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTDM ☒ Change ☐ Addition

1.2 NAME Buitrago, Gabriel

1.3 STREET ADDRESS 426 SW 195 Ave

1.4 CITY-ST-ZIP Pembroke Pines, FL 33029

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-5-99 (954) 704-9768

CR2E034 (11/98)