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

PROFIT
CORPORATION
ANNUAL REPORT
1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600037133 (1)

**SUMMA CONSULTING COMPANY** 

Principal Place of Business

Mailing Address

15400 BW 72 CT. MIAMI FL 83157 15400 SW 72 CT. MIAMI FL 33157-250

## FILED May 12 1997 8:00am Secretary of State



MIAMI FL 83137		MIAMI FL 33137-2500						
					3. Date Incorporated or Qualified 04/30/1996	3a. Date of	Last Ro	pport
	ace of Business	2a. Mailing Address	to 🗸	4	4. FEI Number		<b></b>	plied For
	00 SW 72 CT	26 15400 8W Suite, Apt. #, etc.	120	r	65-0675942		4	t Applicable
Suite, Apt. #, etc.		27		<b>5.</b> Certificate of Status Desired				
City & State		City & State			6. Election Campaign Financing \$5.00 May Bo			
23 Miai	mi_7/	28 Miam	<i>+</i> /		Trust Fund Contribution		Added t	
Zip 24 33/5	Country 25 USA	<sup>29] ZIP</sup> 33157	Country 30 US	SA.		🕻 Yes 🔲 No	)	199.032,
	9, Name and Address of Currer	t Hegisterea Agent	81	Name	10. Name and Address of New Re	gistered Agen	<u></u>	
GONZALEZ, EUNICE S 15400 SW 72 CT.								
	MI FL 33157		82 Street Add		fress (P.O. Box Number is Not Acceptat	ole)		
Micv	WILLE 00101		83	· · · · · · · · · · · · · · · · · · ·				
			84	City			Zip C	^ode
				1		FL 85	'	
agent. I ar SIGNATURE	m familiar with, and accept the obligi	ations of, Section 607.0505, Flor	rida Statutes	S.	poration submits this statement for the patients board of directors. I hereby acception's board of directors and the state of the state	ourpose of char of the appointn	nging its nent as	s registered registered
12,	Signature, typed or printed name of registered age OFFICERS AN		Registered Age	int signature requ	itied when roinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	ECTOR	C INI 12
TITLE	DP OF FIGURE AN	DELETE	1.1 Till E		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	GONZALEZ, ARIEL		1.2 NAME			، سب	, mange	
STREET ADDRESS	15400 SW 72 CT.		1.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY - S	1-2IP				
TITLE	DS	DELFTE	2.1 TITLE				Change	Addition
NAME	GONZALEZ, EUNICE S		2.2 NAME		·			
STREET ADDRESS	15400 SW 72 CT.		2.3 STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		2.4 CITY-	ST - ZIP.	· · · · · · · · · · · · · · · · · · ·			···
TITLE	DT Gonzalez, Erick A	L_) DELETE	3 1 TOUS		•	LJ	Change	Addition
NAME STREET ADDRESS	15400 SW 72 CT.		3.2 NAME	4DDDDDD				
CITY-ST-ZIP	MIAMI FL 33157		3.3 STREET 3.4. CITY - 1	·				
TITLE	1418 471 1 2 00 107	DELETE	4.1 TILL	21-21			Change	Addition
NAME			4.2 NAME				-	
STREET ADDRESS	maganing property	والمراعة ومستعد المراجع المراج	4.3 STREET	ADDRESS				
CITY-ST-ZIP	Flow Carry The	March 1 Table 1	4.4 City - S	1- ZIP		•		
TITLE		7 🔲 DELETE	5.1 TITLE		,	(	Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP		THE ASSESSED	5.4 Cily - S	T- ZIP			<del></del>	1.000
TITLE		LJ DELETE	6110116			L.) (	Change	Addition
NAME OTOGET ADDRESS			6.2 NAME	1000100	•			
STREET ADDRESS			6.3 S18[F1					
14. I do heret	ov certify that the information supplied	d with this filing does not qualify	6.4 City - S		d in Section 119.07(3)(i), Florida Statuto	s. Lifurther cert	ify that	the
informatio I am an ol	n indicated on this annual report or s	upplemental annual report is tru the receiver or trustee empowe	ue and accu ered to exec	irate and tha	at my signature shall have the same lega orl as required by Chapter 607, Florida S	al effect as if m	ade und	der oath: that l