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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000039662 (7)

SUMMIT MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



7150 WEST 20TH AVENUE. SUITE 605 HIALEAH FL 33016		7150 WEST 20TH AVENUE. SUITE 605 HIALEAH FL 33016				
IIIADEAITTE	33010	HINCENITY E 33010		DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualified 05/08/1996		
2. Principal F	Place of Business	2a. Mailing Address	1.1		Applied For	
21 2141	DW. 68th 5t.	26 2/40 W. G	8th St.	65-0666690	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22 #36	55	27 #305		5. Certificate of Status Desired	Fee Required	
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State	,,	6. Election Campaign Financing	\$5.00 May Be	
	lest, FL	28 HIARAS		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	This corporation owes or has paid the c		
24 336		29 33016 3	O DADE		Yes No	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered A					d Agent	
AMERILAWYER CHARTERED			81 Name			
343 ALMERIA AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)	·	
CORAL GABLES FL 33134						
			63			
			84 City		85 Zip Code	
				F.		
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 of fice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Expressly, accept the appointment as registered						
office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Fhereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
40	Signature, typied or printed name of my stered agent			e required when reinstaling) DATE DATE	ID DIDECTOR III IA	
12.	OF HICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AT	Change Addition	
NAME	FERNANDEZ, MANUEL A	ביין מכנבוב	1.2 NAME	PD Fernandez, Manuel A.	The cumings Throughout 1	
	7150 WEST 20TH AVENUE, SI	IITE RAS	1	1	# 305	
STREET ADDRESS	HIALEAH FL 33016	DITE 000	1.3 STREET ADDRESS		į	
CITY-ST-ZIP	SD SD	DELETE	1.4 City - St - ZiP 2.1 Title	SD SD	Change Addition	
NAME	MADERAL, FRANCISCO A			MAderal, Francisco A.		
STREET ADDRESS	7150 WEST 20TH AVENUE, SI	IITE 605	2.2 NAME	2140 W. 68th St., Suitet	-La 12-	
	HIALEAH FL 33016	JII	2.3 STREET ADDRESS	Hiracah FL 33016		
CITY-ST-ZIP TITLE	TD	DOLLETE	2. 4 CITY-ST-ZIP 3.1 TITLE	7D	Change Addition	
NAME	PADILLA, VICTOR M		3.2 NAME	PADILLA, VICTORM.	Per charge	
STREET ADDRESS	7150 WEST 20TH AVENUE, SI	HTF 605	3.3 STREET ADDRESS	2140 W. 68th st., Suite	#305	
CITY-ST-ZIP	HIALEAH FL 33016	511 L 000		HiAKAS FZ 33016		
TITLE	D	☐ DELETE	3.4. CHY-ST-ZIP 4.1 HILE	D 32016	Change Addition	
NAME	PINA, VICTOR A		4.2 NAME		-	
STREET ADDRESS	7150 WEST 20TH AVENUE, SI	JITE 605	4.3 STHEET ADDRESS	Pina, Victor A. 2140 W.68th St., Suite #.	305	
CITY-ST-ZIP	HIALEAH FL 33016		4.4 City-St-Zip	HiAleas PL 33016		
TITLE	D	☐ DELETE	5.1 100 F	7	Change	
NAME	CASTENEDA, JORGE D		5.2 NAME	CASTANEDA, Joage D. 2140 W. 68 th St., Su Highest, FL 33016		
STREET ADDRESS	7150 WEST 20TH AVENUE, SI	JITE 605	5.3 STREET ADDRESS	2140 W 18 th Ct Cu	ite # 205	
1	HIALEAH FL 33016		5.4 OHECT MUDICOS	Winter (2321)	7-11-500	
CITY-ST-ZIP TITLE	,	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	FUTICAS, 1-6 33016	Change Addition	
NAME		pecci,	6.2 NAME			
STREET ADDRESS						
			6.3 STREET ADDRESS			
CITY-ST-ZIP	Exertify that the information supplied with	this filing does not qualify for t	6.4 CHY-ST-7/P he exemption state	I	certify that the information	
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.						
Block 12 or Block 13 if changed, or on an attachment will Jin address.						