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May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000061012 (5)

1. Corporation Name
SUMACOR, INC.

Principal Place of Business
10185 COLLINS AVE STE 923
BAL HARBOR FL 33154

Mailing Address
10185 COLLINS AVE STE 923
BAL HARBOR FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/14/1997

2. Principal Place of Business
21 2127 BRICKELL AVE
22 Suite, Apt. #, etc. 2902
23 City & State Miami, FL
24 Zip 33129 25 Country DADE

2a. Mailing Address
26 2127 BRICKELL AVE
27 Suite, Apt. #, etc. 2902
28 City & State Miami, FL
29 Zip 33129 30 Country U.S.A.

4. FEI Number 65-0782404 [ ] 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 or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent
BANDER, MICHAEL A
444 BRICKELL AVE STE 300
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[X] DELETE	1.1 TITLE	PRESIDENT	[X] Change [ ] Addition
NAME	WAICMAN, MAURICIO		1.2 NAME	PAULA ANDREA WAKMAN	
STREET ADDRESS	10185 COLLINS AVE STE 923		1.3 STREET ADDRESS	2127 BRICKELL AVE # 2902	
CITY-ST-ZIP	BAL HARBOR FL 33154		1.4 CITY-ST-ZIP	MIAMI, FL. 33129	
TITLE	VD	[ ] DELETE	2.1 TITLE	VICE PRESIDENT	[X] Change [ ] Addition
NAME	POJOMOVSKY, LUIS		2.2 NAME	SUSANA KESSELMAN	
STREET ADDRESS	10185 COLLINS AVE STE 923		2.3 STREET ADDRESS	2127 BRICKELL AVE # 2902	
CITY-ST-ZIP	BAL HARBOR FL 33154		2.4 CITY-ST-ZIP	MIAMI, FL. 33129	
TITLE	SD	[ ] DELETE	3.1 TITLE	SEC	[X] Change [ ] Addition
NAME	WAICMAN, MAURICIO		3.2 NAME	SUSANA KESSELMAN	
STREET ADDRESS	10185 COLLINS AVE STE 923		3.3 STREET ADDRESS	2127 BRICKELL AVE # 2902	
CITY-ST-ZIP	BAL HARBOR FL 33154		3.4 CITY-ST-ZIP	MIAMI, FL. 33129	
TITLE		[ ] DELETE	4.1 TITLE	TREASURER	[ ] Change [X] Addition
NAME			4.2 NAME	SUSANA KESSELMAN	
STREET ADDRESS			4.3 STREET ADDRESS	2127 BRICKELL AVE # 2902	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MIAMI, FL. 33129	
TITLE		[ ] DELETE	5.1 TITLE		[ ] Change [ ] Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		[ ] DELETE	6.1 TITLE		[ ] Change [ ] Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: (X) Susana Mendez Accountant 4/9/98 305-8662423

CR2E034 (10/97)