

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

FILED

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
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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 Suite, Apt. #, etc. 2902 City & State Miami, FL Zip 33129 Country DADE	2a. Mailing Address 26 2127 Brickell Ave Suite, Apt. #, etc. 2902 City & State Miami, FL Zip 33129 Country U.S.A.
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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 ☒ 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 607.0602 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

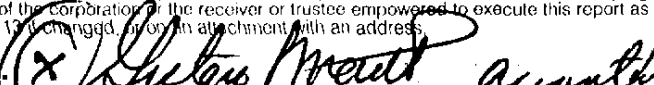
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
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	2.1 TITLE	VICE PRESIDENT
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	3.1 TITLE	SEC
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		4.1 TITLE	TREASURER
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 or changed, or on an attachment, with an address.

SIGNATURE:  4/9/98 305-8662423

CR2E034 (10/97)