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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	Mailing Address
10185 COLLINS AVE STE 923 BAL HARBOR FL 33154	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	2a. Mailing Address	4. FEI Number: 65-0782404	☐ Applied For ☐ Not Applicable
21 2127 Brickell AVE	26 2127 Brickell Ave		
22 Suite, Apt. #, etc. 2902	27 Suite, Apt. #, etc. 2902	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State Miami, FL	28 City & State Miami, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip 33129 25 County DADE	29 Zip 33129 30 Country U.S.A.	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	10. Name and Address of New Registered Agent
BANDER, MICHAEL A 444 BRICKELL AVE STE 300 MIAMI FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WAICMAN, MAURICIO 10185 COLLINS AVE STE 923 BAL HARBOR FL 33154	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT: PAULA ANDREA WAICMAN 2127 BRICKELL AVE # 2902 MIAMI, FL. 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD POJOMOVSKY, LUIS 10185 COLLINS AVE STE 923 BAL HARBOR FL 33154	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT SUSANA Kessel MAN 2127 BRICKELL AVE # 2902 MIAMI, FL. 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WAICMAN, MAURICIO 10185 COLLINS AVE STE 923 BAL HARBOR FL 33154	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SEC SUSANA Kessel MAN 2127 BRICKELL AVE # 2902 MIAMI, FL. 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TREASURER SUSANA Kessel MAN 2127 BRICKELL AVE # 2902 MIAMI, FL. 33129	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/97)

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 Kessel Assistant Treasurer 4/9/98 305-8662423