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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000061012 1. Corporation Name

SUMACOR, INC.

Principal	Place	of	Business

2127 BRICKELL AVE #2902

MIAMI FL 33129

Mailing Address

2127 BRICKELL AVE #2902 MIAMI FL 33129

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90094 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

							3. Date in 07/14	corporated or Qua /1997	lifed			;	
2 Princinal Pl	Place of Business 2a. Mailing Address				4. FEI Number				Applied For				
21	000 0, 200,000	26	¬			65-07	82404			1	lot Applicable		
Suite, Apt. :	#, etc.	27	Suite, Apt. #, etc.			te of Status Desire	ed 🗌	\$8.75 Additional Fee Required			ĺ		
City & State		<del> </del> -	City & State				6. Election	Campaign Finan	cing _		\$5.0	May Be	
23		28	n ´			1 **	Trust Fund Contribution Added to Fees						
Zip	Country	1771	Zip	ntry		8. This co	8. This corporation owes the current year Intangible						
24	25	29	30				Persona	Personal Property Tax.					
	9. Name and Address of Current	Regis	tered Agent				10. Name a	and Address of N	lew Registere	d Age	ent		ł
BANDER, MICHAEL A 444 BRICKELL AVE STE 300				81 82	Name Street A	ddress (P.O. Box	Number is Not Ac	ceptable)		· · · · ·			
MIAN	11 FL 33131				83								ŀ
ı					84	City			F	L 8	15 Zip	Code	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florid	ia. Such change was auti	nonzed	by 1	tne corpor	corporation submite ration's board of d	s this statement for irectors. I hereby	r the purpose accept the app	of cha ointme	nging i ent as	ts registered registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title i	if applicable (NOTE: R	egistered	Ageni	t signature rec	quired when reinstating)		DATE				<u> </u>
12.	OFFICERS AND DIRECTORS 13.							NS/CHANGES TO	OFFICERS /	AND D	IREC1	ORS IN 12	(11/98)
TITLE				1.1 TIT	lE.						] Change	Addition	Ε Ε
NAME	PAULA ANDREA WAICMAN 1.2 N			1.2 NA	ME								8
STREET ADDRESS	2127 BRICKELL AVE #2902 1.3 ST					ADDRESS							CR2E034
CITY+ST-ZIP	MIAMI FL 33129 14 CI					-ZIP					Change	Addition	5
TITLE	VPST DELETE 21TI			L							) Ondings		ļ
NAME :	SUSANA KESSELMAN												
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP	MIAMI FL 33129			2 4 CF		T-ZIP		<del></del>			Change	Addition	1
TITLE	☐ DELETE 3.1 TI										<u>-</u> g		
NAME	32 N												
STREET ADDRESS	~				ADDRESS								
CITY-ST-ZIP	34.0					T-ZIP			<del>-</del>		] Change	Addition	1
TITLE .	DELETE 41TI										J19		
NAME				4. 2 N									
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP			( ) DELETE	4.4 CIT		I-ZIP					] Chang	e 🔲 Addition	1
TITLE	DELETE 5.1 TI			5.1 III 5.2 NA							, 5ig.		
NAME						ADDRESS							
STREET ADDRESS				5.4 CIT									
CITY-ST-ZIP			□ briete	6.1 TIT		1-411					Chang	e Addition	1
TITLE			☐ DELETE								Jonany		
NAME				6.2 NA		ADODTEC							
STREET ADDRESS				1		ADDRESS							
CITY-ST-ZIP				6.4 CI	IY-SI	I-ZIP							J

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, with all other like empowered.

SIGNATURE: \_

04.29.1999