FILED Sep 10, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P99000109593 1. Entity Name SUMMIT USA, INC. 09-10-2001 90047 010 ***550.00 Principal Place of Business Mailing Address 6450 S.W. 102 AVENUE 6450 S.W. 102 AVENUE UUUUGUUL MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, WALFREDO A Street Address (P.O. Box Number is Not Acceptable) 6450 S.W. 102 AVENUE **MIAMI FL 33173** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE (5/01) Change ■ Addition HERNANDEZ, WALFREDO A NAME STREET ADDRESS 6450 S.W. 102 AVENUE STREET ADDRESS **CR2E034** CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HERNANDEZ, REBECA R NAME STREET ADDRESS 6450 S.W. 102 AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33173** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 report or supplemental 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 11 or Block 12 if

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