


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L14898 1. Entity Name DISCUS CORPORATION	
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Principal Place of Business 455 NE 24 ST APT 3 MIAMI, FL 33137	Mailing Address PO BOX 440338 MIAMI, FL 33144
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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FILED
07 OCT 17 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number 65-0140068	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAROSA, ANA L 455 NE 24 ST. APT 3 MIAMI, FL 33137	7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORCATE, JOSE L <input checked="" type="checkbox"/> Delete 5939 SW 16TH TERR MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERCHI, FRANCISCO J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 455 NE 24 ST. APT. 3 MIAMI, FL 33137
	DP MORCATE, JOSE L <input checked="" type="checkbox"/> Delete A55 NE 24ST APT 2 MIAMI, FL 33137		DS BERCHI, FRANCISCO JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 455 NE 24 ST APT. 3 MIAMI, FL 33137
	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;">10/10/18</div>		DT JOSE L. MORCATE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 NE 24 ST. APT. 2 MIAMI, FL 33137
	<input type="checkbox"/> Delete		400110897174 10/17/07--01034--010 **\$61.25
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		
	<input type="checkbox"/> Delete		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X* Francisco J. Berchi **FRANCISCO J. BERCHI, PRES.** Date: 10/15/07 Daytime Phone #: 365-573-5009
FJB