\$1,632.50 2000 UNIFORM BUSINESS REPORT (UBR) F36737 DOCUMENT# FILEU 1. Entity Name SECRETARY OF STALE HYISION OF CORPORATIO Discount Diazo, Inc. no JUL 10 AM 8: 33 Principal Place of Business Mailing Address 3450 Rio Vista Ave. Orlando, FL 32805 Same 2. Principal Place of Business 3. Mailing Address Same as above Same as above Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-2100908 Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent والمرابع والمتعلق والمتعلق والمتعارض Clurke , Donald H. Street Address (P.O. Box Number is Not Acceptable) 3450 Rio Vista Ave ED clando- 5 32805 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00_{-May-Be} _10._Election_Campaign_Financing. Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. 700003330127-9 President TITLE TITLE ☐ Delete Donald H. Clarke NAME -07/20/00--01077--028 STREET ADDRESS STREET ADDRESS 3450 Rip Vista Ave. ***1641.25 CITY-ST-ZIP ***1641.26 CITY-ST-ZIP Orlando, FL 32805 Vice President □ Defete TITLE TITLE NAME Conrad Forst STREET ADDRESS STREET ADDRESS 6326 White Oak Lane CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32809 ☐ Change ☐ Addition Gennaro Frascatore ☐ Delete TITLE NAME 2073 Stone Cross Circle-Vice President STREET ADDRESS STREET ADDRESS Orlando, FL 32828 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald H. Clarke

Florida Department of State
Division of Corporations
P.o. Box 6327
Tallahassee
FL. 32314

Att: Sean Toner:

Dear Siv, our 1988 Was not Recieved

Due To a Physical Mode from L.B. m'Lead Rd.

To Rio Vista ave.

your assistance in this matter will be greatly appreciated.

Respectfully,

World H. Clarke Discount DiAZo, Duc.

President