

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000002775 (4)

1. Corporation Name

DISCOVERY LATIN AMERICA, INC.

FILED

95 JUL 21 PM 12:43

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

Mailing Address

**7700 WISCONSIN AVENUE
BETHESDA MD 20814**

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BETHESDA MD 20814**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/26/1994

4. FEI Number

Applied For

52-1737252

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 One Alhambra Plaza

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 600

27

City & State

City & State

23 Coral Gables, FL

28

City

City

24 33134

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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

(Signature, typed or printed name of registered agent and date of application)

(Signature, typed or printed name of registered agent and date of application)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**PCD
HENDRICKS, JOHN
7700 WISCONSIN AVENUE
BETHESDA MD**

1.1 TITLE

☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY ST ZIP

1.4 CITY ST ZIP

TITLE

**VSD
MCMALE, JUDITH
7700 WISCONSIN AVENUE
BETHESDA MD**

2.1 TITLE

☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY ST ZIP

2.4 CITY ST ZIP

TITLE

**TD
DURIG, GREGORY
7700 WISCONSIN AVENUE
BETHESDA MD**

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY ST ZIP

3.4 CITY ST ZIP

TITLE

**TD
DURIG, GREGORY
7700 WISCONSIN AVENUE
BETHESDA MD**

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY ST ZIP

4.4 CITY ST ZIP

TITLE

**TD
DURIG, GREGORY
7700 WISCONSIN AVENUE
BETHESDA MD**

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY ST ZIP

5.4 CITY ST ZIP

TITLE

**TD
DURIG, GREGORY
7700 WISCONSIN AVENUE
BETHESDA MD**

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY ST ZIP

6.4 CITY ST ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature Phrase)

CR2E034 (3/95)