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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400002775 (4)

DISCOVERY LATIN AMERICA, INC.

Principal Place of Business Mailing Address ONE ALHAMBRA PLAZA 7700 WISCONSIN AVENUE BETHESDA MD 20814-3578 SUITE 600 **CORAL GABLES FL 33134** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/26/1994 04/19/1996 2. Principal Place of Business 2a. Mailing Address 4. EEI Number Applied For 52×1787252 52-1862902 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 Florida Statutos 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CORPORATION SERVICE COMPANY Namo 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 title if application (NOTI Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PCD DELETE TITLE 111116 Change HENDRICKS, JOHN NAME 1.2 NAME

(96/6)Addition 7700 WISCONSIN AVENUE STREET ADDRESS 1.3 STREET ADDRESS BETHESDA MD CITY-ST-ZIP 1.4 CHTY - ST - ZIP VSD DELETE TITLE 2.1 TITLE Change Addition MCHALE, JUDITH NAME 2.2 NAME 7700 WISCONSIN AVENUE STREET ADDRESS 2.3 STREET ADDRESS BETHESDA MD CITY-ST-ZIP 2.4 C(1Y - S1 - ZIP TD DELETE TITLE 3.1 TITLE Change Addition **DURIG, GREGORY** NAME 3 2 NAME 7700 WISCONSIN AVENUE STREET ADDRESS 3.3 STREET ADDRESS BETHESDA MD CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE ☐ Change Addition 4.1 TITLE NAME 4.2 NAM STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7)P DELETE TITLE 5.1 TIBLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - 7IP DFLETE TITLE Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP

14. Ido 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.

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May 07 1997 8:00am

Secretary of State