2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 13, 2001 8:00 am DOCUMENT # P00000073980 Secretary of State DISCOVERY MINES COMPANY 02-13-2001 90027 018 ***150.00 Principal Place of Business Mailing Address 3600 MYSTIC POINTE DR. UNIT 1804 3600 MYSTIC POINTE DR. UNIT 1804 AVENTURA FL 33180 AVENTURA FL 33180 コュリしくへ 2. Principal Place of Business 3. Mailing Address 19355 TURNBERRY WAY 19355 TURNBERRY Suite, Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE # 23 E # 23E City & State City & State 4. FEI Number Applied For AVENTURA AVENTURA 65-1031026 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33180 MIAMI- DADE MIAMI- DADE Fee Required 33180 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HYMAN, BETTY ESQ Street Address (P.O. Box Number is Not Acceptable) 2 ALHAMBRA PLAZA, STE 802 **MIAMI FL 33134** City Zio 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 , -9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE 🔀 Change ☐ Adaltion GAD, SAMUEL NAME NAME 19355 TURNBERRY WAY 中 ろろに 3600 MYSTIC POINTE DR. UNIT 1804 STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CiTY-ST-Z:P **AVENTURA FL 33180** AVENTURA FL 33180 ☐ Delete TETLE VARGAS, OLGA PAVA NAME 19355 TURNBERRY WAY # 23E STREET ADDRESS 3600 MYSTIC POINTE DR, UNIT 1804 STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP AVENTURA FL TITLE TITLE NAME NAME STREET ACCRESS STREET-ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE Addition MANJE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2:P CITY-ST-ZIP TITLE ☐ Delete TITLE Chance Addition NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Oelete TITLE Change Addition

13. Thereby 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NALTE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL GAD

Feb 2.01