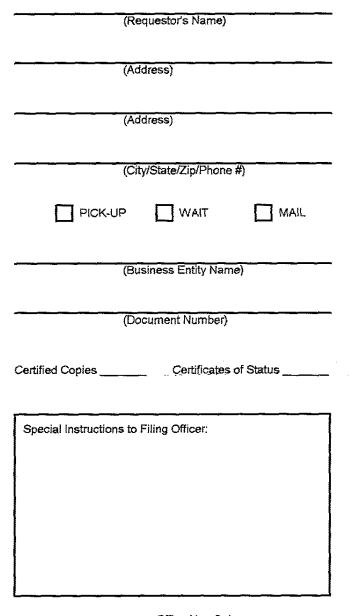
# P0300096239







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### TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

01141	OF BUTHEROADD OF DIRECT	TODO		
SUBJECT: CHAN	GE IN THE BOARD OF DIREC	IORS	<del></del>	u z <del>-</del>
DOCUMENT NU	MBER: P03000096239			
The enclosed Artic	eles of Amendment and fee ar	re submitted for filing.		
Please return all co	orrespondence concerning this	s matter to the following:		
DIO	GENES C. MARTINEZ	re .		
<u> </u>	(Na	me of Person)		,,,,,
DES	CUBRIENDO HORIZONTEZ C	ORP.		
	(Name o	f Firm/ Company)		
1833	1 PINES BLVD STE 223		in the second	
		(Address)		
PEM	BROKE PINES, FL 33029	The state of the s	The second of th	e:
	. •	ate/ and Zip Code)		
For further inform	ation concerning this matter,	please call:		
DIOGENES C. MAF	RTINEZ	at ( 954 ) 432-3022		
	(Name of Person)	(Area Code & Daytime	Telephone Number)	
Enclosed is a chec	k for the following amount:	-		
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address  Amendment Section  Division of Corporations		Street Address Amendment Section Division of Corporations	_	
Division of Corporations		Division of Corporations		

409 E. Gaines Street

Tallahassee, FL 32399

### Articles of Amendment to

## Articles of Incorporation

### DESCUBRIENDO HORIZONTES CORP. (Name of corporation as currently filed with the Florida Dept. of State)

#### P03000096239

(Document number of corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation

NEW CORPORAT	ΓΕ NAME (if changing):	
N/A		
(must contain the word	d "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")	情: VRM MARTE Andre
AMENDMENTS A	ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)	umma der vinst and stade
and/or Article Title(	(s) being amended, added or deleted: (BE SPECIFIC)	
ARTICLE VII: The nar	me and address of the officers as of May 04, 2004 shall be:	
PRESIDENT: Diogene	es C. Martinez 18331 Pines Blvd Ste 223 Pembroke Pines Fl 33029	i i
VICEPRESIDENT: Ed	duardo Polo 18331 Pines Blvd Ste 223 Pembroke Pines Fl 33029	a z. Furecc
SECRETARY AND TE	REASURER: Susan Martinez 18331 Pines Blvd Ste 223 Pembroke Pines Fl 33029	· 一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一
DEVELOPMENT VP:	Alfonso Herreno 18331 Pines Blvd Ste 223 Pembroke Pines Fl 33029	r = 188 on have
TECNOLOGY VP: Sai	ritza Zambrana 18331 Pines Blvd Ste 223 Pembroke Pines Fl 33029	al varar
		a a sa an ann an a
		ر در المجار الم المهميل در الم
	(Attach additional pages if necessary)	in Portage in the
	ovides for exchange, reclassification, or cancellation of issued shares, provisions the amendment if not contained in the amendment itself: (if not applicable, indicate N/A	
N/A		م <u>ىسىد</u> ىيدىندى <u>ئۇ</u> دار رېغىرد

(continued)

The date of each amendment(s) adoption: MAY 04, 2004
Effective date if applicable: MAY 04, 2004
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 05 day of MAY 2004
Signature  (By a director, president of other officer - if directors or officers have not been selected by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Ologenes C. Martinez  (Typed or printed name of person signing)
PRESIDENT (Title of person signing)

FILING FEE: \$35