FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

SIGNATURE:

ELORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P920000 DOCUMENT # DISCOVERY IMPORT AND EXPORT CONSULTANTS INC. Mailing Address Principal Place of Business 7661 N.W. 68th ST. P.O. EOX 523127 MIAMI, FLA. 33152 #101 3a. Date of Last Report 3. Date Incorporated or Qualified MIAMI, FLA. 33166 05/01/1995 Applied For 10/28/1992 4. FEI Number US 2a. Mailing Address 2. Principal Place of Business Not Applicable 21 FREIGHT FORWARDING CONSULTARS P.O. BOX 523127 65-0375063 \$8.75 Additional 5. Certificate of Status Desired 口 Suite, Apt. #, etc Fee Required ²² 101-102 \$5.00 May Be 6 Election Campaign Financing City & State Trust Fund Contribution Added to Fees 23 MIAII, FLA 28 MIAMI, FLA 8. This corporation has liability for intangible tax under s. 199.032, Country Zιρ Country Yes WW Florida Statutes 29 30 U.S.A. 83152 25 U.S.A 24 33166 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RAMOS, LAURA 11205 N.W. 6th TERR 83 MIAHI, FLA. 33172 Zio Code 85 84 City 11. Pursuant to the provisions of Sections 607 0.02 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or 80th. In the 8fate of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligation of Section 607.0505, Florida Statutes. 5/5/96 ... SIGNATUR the the Regulated Agest signature to (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DEFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 1 Title TITLE CR2E034 1.2 NAME RAMOS, LAURA NAME 1.3 STREET ADDRESS 3810 S.W. 104th AVE. STREET ADDRESS 1.4 CHY - 51 - 21P MIAHI.FLA. CITY - ST - ZIP Addition [] DELETE 2 1 HILE TIFLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY-SI-ZIP Change | no:fibbA [DFLE IL 3 1 Table THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 C+1Y ST - ZiF CHTY - ST-ZIP ☐ Change ☐ Addition DELF1E 4 - 1111.6 TITLE 4.2 NAMÉ 4.3 STHEET ADDRESS STREET ADDRESS 4.4 Citty - ST ZIP CITY-ST-ZIP Change Adoltion DELETE 5.1 lifet TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City - ST-ZIP CITY - ST - ZIP 5000018645**95**° Addition DELETE 6 1 THE TITLE -06/18/96--01010-**-999**0≤3 6.2 NAMi NAME ***225.00 6.3 STREET ACCRESS STREET ADDRESS 64 CHY ST-ZIF 14. I do 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)(k). 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 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 certify that I am an officer or director of the comporation of 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 comporation and that my name address.

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(305)887-0497