

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 06 1997 8:00am  
Secretary of State

DOCUMENT # **P92000000420**  
Corporation Name

DISCOVERY IMPORT AND EXPORT CONSULTANTS INC.

Principal Place of Business  
7661 N.W. 68th St.  
#101  
MIAMI, FLA. 33166  
US

Mailing Address  
P.O. BOX 523127  
MIAMI, FLA. 33152  
US

Principal Place of Business  
**FREIGHT FORWARDING CONSULTANTS**  
Suite, Apt. #, etc.  
**101-102**  
City & State  
**MIAMI, FLA.**  
Zip  
**33166** Country  
**25 U.S.A.**

26. Mailing Address  
P.O. BOX 523127  
Suite, Apt. #, etc.  
**27**  
City & State  
**28 MIAMI, FLA.**  
Zip  
**29 33152** Country  
**30 U.S.A.**

3. Date Incorporated or Qualified  
**10/28/1992**

3a. Date of Last Report  
**05/05/97**

4. FBI Number  
**65-0375063**

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

RAMOS, LAURA  
11205 N.W. 6th TERR  
MIAMI, FLA. 33172

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

1. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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]*  
Signature, typed or printed name of registered agent and title if any (none)

5/5/96  
DATE

2. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | P                    | <input type="checkbox"/> DELETE |
| NAME           | RAMOS, LAURA         |                                 |
| STREET ADDRESS | 3810 S.W. 104th AVE. |                                 |
| CITY-ST-ZIP    | MIAMI, FLA.          |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-ST-ZIP    |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

**700002176507**  
-05/13/97--01067--008  
\*\*\*165.00

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)(d), 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; and that I am duly 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 as an attachment with an address.

SIGNATURE *[Signature]*  
Signature and typed name of signing officer or director

4/30/97 (305)887-0497  
Date Daytime Phone #