·FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90042 024 ***150.00

DOCUMENT # P94000018028

1. Corporation Name

DISCOVERY TRAVEL USA, INC.

Principal Place of Business	Mailing Address
2101 ATLANTIC SHORES BLVD. STE #401 FT LAUDERDALE FL 33009	2101 ATLANTIC SHORES BLVD. STE #401 FT LAUDERDALE FL 33009

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/08/1994

4. FEI Number **65-0491789**   Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21	**26**	
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	
City & State **23** HALLANDALE	City & State **28** HALLANDALE	
Zip **24** 33009 Country **25**	Zip **29** 33009 Country **30**	

5. Certifcate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing ☐ Trust Fund Contribution   **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, JEAN I
2101 ATLANTIC SHORES BLVD, STE #401
FT LAUDERDALE FL 33009

10. Name and Address of New Registered Agent

81 Name	SAME	
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City HALLANDALE	FL	**85** Zip Code 33009

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 applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME WILLIAMS, JEAN I		1.2 NAME SAME	
STREET ADDRESS 2101 ATLANTIC SHORES BLVD, STE #401		1.3 STREET ADDRESS	
CITY-ST-ZIP FT LAUDERDALE FL 33009		1.4 CITY-ST-ZIP HALLANDALE, FL 33009	
TITLE D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME SPELLEN, ROBERTS A.		2.2 NAME	
STREET ADDRESS #9 SEAPORT MARKET PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP ARUBA, ANTILLES		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____   FEB 1 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)

0122818