


FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90011 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000070670 1. Corporation Name DISCOVERY DAWN, INC.			
Principal Place of Business 1850 ELLER DR STE 402 FT LAUDERDALE FL 33316 US		Mailing Address 1850 ELLER DR STE 402 FT LAUDERDALE FL 33316 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 1775 N.W. 70th Ave. City & State 23 MIAMI, FL Zip 24 33126		2a. Mailing Address 26 Suite, Apt. #, etc. 27 1775 N.W. 70th AVE. City & State 28 MIAMI, FL Zip 29 33126	
3. Date Incorporated or Qualified 08/22/1996		4. FEI Number 65-0695425	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trus. Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent ORDONEZ, RAFAEL A 1775 NW 70 AVE MIAMI FL 33126		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 MIAMI 84 City 85 Zip Code FL 33126	
11. Pursuant to the provisions of Sections 607.0512 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: <i>Rafael Carreras</i> (NOTE: Registered Agent signature is required when reinstating) DATE:			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALZEDO, MARTIN 1850 ELLER DR PORT EVERGLADES FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	P ORDONEZ, RAFAEL A 1775 N.W. 70th AVE. MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARRERAS, RAFAEL 1850 ELLER DR PORT EVERGLADES FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	Change Addition

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: *Rafael Carreras*

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-011/98