2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 7940000 08878 DISCOUNT WORLDWIDE

Mailing Address

Principal Place of Business

96275W142Ct MIAMI Fla 33186				Be106463			
2. Principal Place of Business		3. Mailing Address Same as above		 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 65-07208	54	Applied For Not Applicable	
Zip ·	Country	Zip	Country	5. Certificate of Status De		3.75 Addi e Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of	New Registered Age	ent	
Paul Barthole 12855 SW 136th Ave Suite 213			Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
		2 215			·	***	
MiAMI, Fla 33186			City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	 -
8. The above	named entity submits this statement for signature, typed or printed name of registered agent an	nd title if applicable (NC	TE: Registered Agent signature re	·	e of Florida. DATE		—— . ———
Tax filing ((See criter	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After SEPTEMBER Make Check Paya	VIII FEE IS \$550.00 13, 2000 Min. will be able to Department of	State	tribution.	Added	May Be to Fees
11.	OFFICERS AND E	DIRECTORS Delete	12.	ADDITIONS/CHANGES T		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mireille Tribie PRESIDENT 9627 SW/424 Miami, 6		NAME STREET ADDRESS CITY-ST-ZIP	~,		_ • · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CELINE L. TRIBIE VICE- President 15490 SW 1344 PAGE BUS SEBASHAN LAUREAN	☐ Delete	TITLE NAME STREET ADDRESS CITY-SJ-ZIP		[☐ Change	☐ Addition
STREET ADDRESS	19629 SW1424 MiAMi,	f/3318E	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, [☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TATIANA LAUREAND VICE-President 9627 Swigs 4 Miani, Fo	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		` [Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANUEL LAUREAND VICE- President 9627 SW142 Hilliami,	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	TOP TO THE TO THE TOP	☐ Delete	TITLE NAME STREET ADDRESS] Change	Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Continuous Continuous Continuo

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Sep 13, 2000 8:00 am Secretary of State

09-13-2000 90056 038 ***550.00