

AMENDED  
Date Due: 05/01/93 Amount Due: \$200.00 If After Due Date: \$225.00

CORPORATION ANNUAL REPORT 1998 1999 (AMENDED)		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Name and Mailing Address of Corporation: <b>DOCUMENT #P97000108811</b> <b>Cellular Discoveries, Inc.</b> <b>3659 NE 201 Street</b> <b>Aventura, FL 33180 US</b>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.			
FILING FEE \$200.00		ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE	
2. Mailing Address 21 <b>3659 NE 201 Street</b> Suite, Apt. #, etc. 22 City & State 23 <b>Aventura, FL</b> Zip 24 <b>33180</b>		2a. Principle Place of Business 26 <b>3659 NE 201 Street</b> Suite, Apt. #, etc. 27 City & State 28 <b>Aventura, FL</b> Zip 29 <b>33180</b> Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>12/30/97</b>		3a. Date of Last Report <b>2/15/99</b>	
4. FEI Number <b>59-3503542</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$138.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name <b>Pascale Benyahia</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>3659 NE 201 Street</b>	
83		84 City <b>Aventura, FL</b>	
85 Zip Code <b>33180</b>		86 Country <b>USA</b>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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>[Signature]</i> DATE <b>9/1/99</b>			
12. OFFICERS AND DIRECTORS			
1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY-ST-ZIP			
13. OFFICERS AND DIRECTORS CHANGES			
1.1 TITLE 1.2 NAME 1.3 ADDRESS 1.4 CITY-ST-ZIP			
2.1 TITLE 2.2 NAME 2.3 ADDRESS 2.4 CITY-ST-ZIP			
3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY-ST-ZIP			
4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY-ST-ZIP			
5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY-ST-ZIP			
6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY-ST-ZIP			
14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.			
SIGNATURE <i>[Signature]</i>		DATE <b>9/1/99</b>	
Print Type Name of Signing Officer or Director <b>Pascale Benyahia</b>		Title(s) <b>President</b>	
Daytime Telephone Number <b>(305) 477-3930</b>		SP	