

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

FILED
Apr 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S70416 (0)

1. Corporation Name

THE DISCOVERY GROUP OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

C/O HELLER, BRIAN S.
155 SOUTH MIAMI AVENUE, PENTHOUSE
MIAMI FL 33130
US

C/O HELLER, BRIAN S.
155 SOUTH MIAMI AVENUE, PENTHOUSE
MIAMI FL 33130
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1991

4. FEI Number

65-0290932

Applied For

Not Applicable

5. Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 3195 Ponce de Leon Blvd	26 3195 Ponce de Leon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 5th Floor	27 5th Floor
City & State	City & State
23 Coral Gables FL	28 Coral Gables FL
Zip	Zip
24 33134	29 33134
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

HELLER, BRIAN S ESQ.
155 SOUTH MIAMI AVENUE
PENTHOUSE
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
Mary M. Martini

82 Street Address (P.O. Box Number is Not Acceptable)
3195 Ponce de Leon Blvd

83 5th Floor

84 City
Coral Gables

FL

85 Zip Code
33134

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

Mary K. Martini

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	PD	1.1 TITLE	PD
NAME	MARTINI, MARY M	1.2 NAME	Martini, Mary M.
STREET ADDRESS	C/O 155 SOUTH MIAMI AVENUE, PENTHOUSE	1.3 STREET ADDRESS	3195 Ponce de Leon Blvd
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

Mary K. Martini

Mary K. Martini

3/3/98

305-529-1403

CR2E034 (10/97)