

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  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90242 037 \*\*\*150.00

DOCUMENT # S70416

1. Corporation Name

THE DISCOVERY GROUP OF THE AMERICAS, INC.

Principal Place of Business

3195 PONCE DE LEON BLVD  
5TH FLOOR  
CORAL GABLES FL 33134  
US

Mailing Address

3195 PONCE DE LEON BLVD  
5TH FLOOR  
CORAL GABLES FL 33134  
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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 520 BRICKELL KEY DR.

26 520 BRICKELL KEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 APT. # 521A

27 APT. # 521A

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Zip

24 33131 25 USA

29 33131 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINI, MARY M  
3195 PONCE DE LEON BLVD  
5TH FLOOR  
CORAL GABLES FL 33134

81 Name

MARTINI, MARY M.

82 Street Address (P.O. Box Number is Not Acceptable)

520 BRICKELL KEY DRIVE  
APT. # 521A

83

84

City MIAMI

FL

85 Zip Code

33131

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 ☐ DELETE

TITLE PD  
NAME MARTINI, MARY M  
STREET ADDRESS 3195 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE PD  
1.2 NAME MARTINI, MARY M  
1.3 STREET ADDRESS 520 BRICKELL KEY DR. #521A  
1.4 CITY-ST-ZIP MIAMI, FL 33131

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)