FILED
Apr 10, 2002 8:00 am
Secretary of State
02-20-2002 90022 039 ***150.00

Uniform Tax Form (2592x3271x2 pcx) [2

2/20/

2002 UNIFORM BUSINESS REPORT (UBR)

22823

DOCUMENT # F00000005202

1. Entity Name
HSM AMERICAS, INC.

Principal Place of Business	Mailing Address
1680 MICHIGAN AVE., STE 836 MIAMI BEACH FL 33139	1680 MICHIGAN AVE., STE 836 MIAMI BEACH FL 33139

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
344 OCEAN DRIVE	3512 ESTEPONA AVE
Suite, Apt. #, etc.: APT # 11	Suite, Apt. #, etc.:
City & State: Miami BEACH	City & State: Miami FL
Zip: 33139 Country: USA	Zip: 33178 Country: USA

4. FEI Number: 65-1019172 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARMAS, PEDRO M 150 ALHAMBRA CIRCLE, STE 800 CORAL GABLES FL 33134	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEGAL, SUSAN L 1221 6TH AVE., 40TH FL NEW YORK NY 10020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jose Luis Caputo Av. Corrientes 222 5P Buenos Aires, Argentina ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 authority like empowered.

SIGNATURE: ELECTRONICALLY FILED — 1/23/01 — 305 818 2059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOSE LUIS CAPUTO