**FILED**
**Apr 14, 2003 8:00 am**
**Secretary of State**
04-14-2003 90946 021 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000851

1. Entity Name
DIAMOPAL, S.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 200 S. BISCAYNE BLVD.<br># 2000<br>MIAMI, FL 33131 | 200 S. BISCAYNE BLVD.<br># 2000<br>MIAMI, FL 33131 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 200 S. Biscayne Blvd. | 200 S. Biscayne Blvd. |
| Suite, Apt. #, etc.<br>Ste. 4000 | Suite, Apt. #, etc.<br>Ste. 4000 |
| City & State<br>Miami, Florida | City & State<br>Miami, Florida |
| Zip / Country<br>33131 | Zip / Country<br>33131 |

4. FEI Number
52-1338928
☐ 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 |
|---|---|
| HARPER, GEORGE R<br>KILPATRICK STOCKTON LLP<br>200 S BISCYNE BLVD SUITE 2000<br>MIAMI, FL 33131 | Name: Peninsula Registered Agents, Inc.<br>Street Address (P.O. Box Number Is Not Acceptable): 200 S. Biscayne Blvd.<br>43rd Floor<br>City: Miami FL Zip Code: 33131 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: By: PENINSULA REGISTERED AGENTS, INC.
Debra Palmisano, Vice President
April 7, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PDC<br>CASTILLO, OSVALDO<br>200 S BISCAYNE BLVD SUITE 2000<br>MIAMI, FL 33131 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>200 S. Biscayne Blvd. Ste. 4000 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STDC<br>DE CASTILLO, ZOBEIDA<br>200 S BISCAYNE BLVD SUITE 2000<br>MIAMI, FL 33131 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>200 S. Biscayne Blvd., Ste. 4000 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DE ESTRIBI, ADELINA M<br>TORRE SWISS BANK BLDG., 16TH FL BOX 1824<br>PANAMA 1 REPUBLIC OF PANAMA, ☐ 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 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Osvaldo Castillo 4/11/03 305-577 7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #