DE : DeRemate.com NO. DE TEL : 4893144<

07/14/2003 MON 10:22 FAX

**FILED**
**Jul 21, 2003 8:00 am**
**Secretary of State**
06-18-2003 90021 017 ***550.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006024

55051727

1. Entity Name
DEREMATE.COM, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 201 SOUTH BISCAYNE BLVD<br>28TH FLOOR<br>MIAMI FL 33131 | 201 SOUTH BISCAYNE BLVD<br>28TH FLOOR<br>MIAMI FL 33131 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0965915 ☐ 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 |
|---|---|
| CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $350.00
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 | P/D<br>OXENFORD, ALEJANDRO<br>201 SOUTH BISCAYNE BLVD 28TH FL<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CAPRILES, ANDRES<br>701 BRICKELL KEY BLVD, 1603<br>MIAMI BEACH FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARIN, JOSE<br>201 SOUTH BISCAYNE BLVD 28TH FL<br>MIAMI FL 33131 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ZUBILLAGA, ALEJANDRO<br>9A TRANSVERSAL ENTRE 3RA Y 4TA AVDAS<br>CARACAS 1062 VENEZUELA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FEDERICO, WEIL<br>EDIFICO CREDICORP BANK PISO 12 CALLE 50<br>CUIDAD DE PANAMA, PANAMA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARCELO DI LORENZO<br>AV. PAULISTA 37 - 4th FLOOR<br>SAO PAULO - SP - BRAZIL<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CATANIA, BRUCE<br>399 PARK AVENUE, SEVENTH FLOOR ZONE 3<br>NEW YORK NY 10043 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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: SIGNATURE REQUIRED A. OXENFORD JULY 14, 2003 305-913-
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WITH AUTHORITY TO SIGN ON BEHALF OF CORPORATION — Date — Daytime Telephone #