FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90181 026 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43545
1. Entity Name
DELTEC INTERNATIONAL, INC.

11010124

Principal Place of Business
~~201 CRANDON BLVD~~
~~APT. 345~~
~~KEY BISCAYNE, FL 33149 US~~

Mailing Address
~~201 CRANDON BLVD.~~
~~APT. 345~~
~~KEY BISCAYNE, FL 33149 US~~

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1581 Brickell Ave	1581 Brickell Av.
Suite, Apt. #, etc. 1003	Suite, Apt. #, etc. 1003
City & State Miami, Fl.	City & State Miami, Fla.
Zip 33129 Country U.S.A.	Zip 33129 Country U.S.A.

4. FEI Number 59-2821153 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ZAMORANO, HUGO
~~201 CRANDON BLVD.~~
~~APT. 345~~
~~KEY BISCAYNE, FL 33149~~
1581 Brickell Av.
suite 1003
Miami, Fla. 33129

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE

FILE NOW!! FEE IS $150.00
After May 1, $400 Late Fee will be Added to
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	DO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZAMORANO, HUGO	NAME	
STREET ADDRESS	~~201 CRANDON BLVD., APT. #345~~	STREET ADDRESS	
CITY-ST-ZIP	~~KEY BISCAYNE, FL 33149~~	CITY-ST-ZIP	
TITLE	1581 Brickell Av. ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	suite 1003	NAME	
STREET ADDRESS	Miami, Fl. 33129	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: H Zamorano 4-15-03 305 857-9297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HUGO ZAMORANO