FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90279 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095754

1. Entity Name
DEICHMANN + CO (USA) INC.

11013999

Principal Place of Business	Mailing Address
201 S BISCAYNE BLVD, STE 1500 MIAMI, FL 33131	201 S BISCAYNE BLVD, STE 1500 MIAMI, FL 33131
2. Principal Place of Business: 761 NW 167 st	3. Mailing Address: 761 NW 167 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33169 Country	Zip: 33169 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 48-1295452 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD, STE 1500
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: Ignacio Giraldo
Street Address (P.O. Box Number is Not Acceptable): 761 NW 167 St
City: Miami FL Zip Code 33169

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 [signature] Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.
DATE 4/22/03

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: VP NAME: Ignacio Giraldo STREET ADDRESS: 761 NW 167 st CITY-ST-ZIP: Miami, FL 33169	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/22/03 Daytime Phone # 305 621 1886