🗦 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 11, 2001 8:00 am Secretary of State **DOCUMENT # P97000015081** 1. Entity Name DPM-USA CORP. 05-11-2001 90077 020 ***150.00 Mailing Address Principal Place of Business 1748 N.E. 149TH STREET 1748 N.E. 149TH STREET NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0727368 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUBROCA, HELIO R Street Address (P.O. Box Number is Not Acceptable) 1748 N.E. 149TH STREET NORTH MIAMI FL 33181 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change PSD TITLE ☐ Delete TITLE NAME DUBROCA, HELIO R NAME STREET ADDRESS STREET ADDRESS 1755 N.E. 148TH ST. CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33181 ☐ Addition Change Delete TITLE. TITLE CALATAYUD, MIGUEL P NAME NAME STREET ADDRESS STREET ADDRESS GRAN VIA MARQUES DE TURIA NO. 50 CITY-ST-ZIP CITY-ST-7IP VALENCIA, SPAIN ☐ Change -- ☐ Addition ☐ Delete TITLE and a second representation TITLE~ NAME MONFORTE ALBALAT, FERNANDO NAME STREET ADDRESS STREET ADDRESS LEGION ESPAFIOLA NO. 4 CITY-ST-ZIP CITY-ST-7IP VALENCIA, SPAIN ☐ Addition ☐ Change Delete TITLE NAME DUBROCA, MARCO H NAME STREET ADDRESS STREET ADDRESS 1748 N.E. 149TH STREET CITY-ST-ZIP CITY-ST-7IP NORTH MIAMI FL 33181 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 fine 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 receiper or truffee 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 all other like empowered.

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR