

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90896 031 \*\*\*150.00

**DOCUMENT # P00000029934**

1. Entity Name  
**EXPORT T.T.I. OF AMERICA, INC.**

Principal Place of Business Mailing Address  
**25 S.E. 2ND AVENUE #410 MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address

**13899 BISCAYNE BLVD**  
 Suite, Apt. #, etc. **#104**  
 City & State **No. MIAMI BEACH, FL**

City & State **No. MIAMI BEACH, FL**  
 Zip **33181** Country

4. FEI Number **65-0994240**  
 Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**VEGA, JOSE M**  
**25 S.E. 2ND AVENUE #410 MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name **Aldisto Carvatho JR.**  
 Street Address (P.O. Box Number is Not Acceptable) **13899 Biscayne Blvd. Suite 104**  
 City **N. Miami Beach FL** Zip Code **33181**

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 *Aldisto Carvatho*

(NOTE: Registered Agent signature required when reinstating)

DATE **04/11/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FONT, JUAN S</b> <b>25 S.E. 2ND AVENUE #410 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NETO, RUBENS G</b> <b>25 S.E. 2ND AVENUE #410 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NIEMEYER, A. THOMAS R.</b> <b>25 S.E. 2ND AVENUE #410 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 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 **April 05/2002**  
 DATE DAYTIME PHONE #

CR2E034 (9/01)