

05-15-2002 90062 004 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO1000001662 ✓
 1. Entity Name
 Miami Air Cargo Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 P.O. Box 522951
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 522951
 Suite, Apt. #, etc.

91692

DO NOT WRITE IN THIS SPACE

City & State
 Miami, Florida

City & State
 Miami, Florida

Zip
 33152

Country
 USA

Zip
 33152

Country
 USA

4. FEI Number
592395789

Applied For
 Not Applicable

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 Peter Quinter

Street Address (P.O. Box Number is Not Acceptable)
 3111 Stirling Road

City
 Ft. Lauderdale FL Zip Code
 33312

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 vice if applicable. (NOTE: Registered Agent signature required when reappointing)

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	P/D	TITLE	
NAME	Joseph Sciarrotta	NAME	
STREET ADDRESS	5731 NW 37th St., Suite 504	STREET ADDRESS	
CITY-ST-ZIP	Virginia Gardens, FL 33166	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Peter Quinter	NAME	
STREET ADDRESS	3111 Stirling Rd	STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33312	CITY-ST-ZIP	
TITLE	P/D	TITLE	
NAME	Rolando Ojeda	NAME	
STREET ADDRESS	5731 NW 37th St., Suite 504	STREET ADDRESS	
CITY-ST-ZIP	Virginia Gardens FL 33166	CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	B. Ines Gutierrez	NAME	
STREET ADDRESS	6025 NW 18th St #602	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Cira Rodriguez	NAME	
STREET ADDRESS	10341 SW 18th St.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33165	CITY-ST-ZIP	
TITLE	V/D	TITLE	
NAME	Carolyn Schmidt	NAME	
STREET ADDRESS	6025 NW 18th St. #602	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33126	CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

CR2E0378 (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Quinter 4/25/02 954 985-4101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #