

**2003. FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

DOCUMENT # P00000094655

1. Entity Name

HMIT/HAND MADE INTERNATIONAL-Trade, CORP



05-01-2003 90757 005 ***150.00

Principal Place of Business

7331 NW 27th AV
Miami FL 33147

Mailing Address

PO Box 56295/1
Miami FL 33256

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1043327

Apply

Not Ap

5. Certificate of Status Desired

\$8.75 Additor
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CASTRO SERGIO A.
7331 NW 27 AV
Miami FL 33147

7. Name and Address of New Registered Agent

Name

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

13712 SW 147 CIRCLE LN #3

City

MIAMI

FL

Zip Code
33186

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 the obligations of registered agent.

SIGNATURE

Signature typed (or printed name of registered agent and title if applicable)

(NOTE: Registered agent's signature required when installing)

DATE

[Signature]

Sergio Castro

4/28/03

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 n
Added to I

10. OFFICERS AND DIRECTORS

TITLE QUINTANA ROCI BOTERO Delete
NAME
STREET ADDRESS 7331 NW 27 AV
CITY-ST-ZIP Miami FL 33147

TITLE Delete
NAME CASTRO Sergio A
STREET ADDRESS 7331 NW 27 AV
CITY-ST-ZIP Miami FL 33147

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE Change
NAME
STREET ADDRESS 13712 SW 147 Circle LN #3
CITY-ST-ZIP Miami FL 33186

TITLE Change
NAME
STREET ADDRESS 13712 SW 147 Circle LN #3
CITY-ST-ZIP Miami FL 33186

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CITY-ST-ZIP

TITLE Change
NAME
STREET ADDRESS
CITY-ST-ZIP

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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TITLE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] Sergio Castro

4/28/03

Date

Daytime Phone #

(305)226-3443