2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000064620

1. Entity Name

M.T.T. INTERNATIONAL CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 20 AM 9:10

Principal Place of Business	Mailing Address
14 NE 1ST AVE.. SUITE 1204 MIAMI FL 33131	14 NE 1ST AVE.. SUITE 1204 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

2. Principal Place of Business	3. Mailing Address
2315 N.W 107 Avenue	2315 N.W 107 Avenue
Suite, Apt. #, etc.: 1M-14	Suite, Apt. #, etc.: Box 112
City & State: Miami, FL	City & State: Miami, FL.
Zip: 33172 Country: USA	Zip: 33172 Country: U.S.A.

4. FEI Number: 65-0443568 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SATO, LEIJI 14 NE 1ST AVE., SUITE 1204 MIAMI FL 33131	Name: SATO, LEIJI Street Address (P.O. Box Number is Not Acceptable): (New address) 2315 N.W 107 Avenue #112 City: Miami FL Zip Code: 33172

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: LEIJI SATO VICE-PRESIDENT 10/04/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PD TAKAHASHI, MICHIO 9963 NW 401 LANE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000003447810---7 -11/01/00--01112--018 ****750.00 ****750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DOS SANTOS, CELSO GONCALVE 9963 NW 401 LANE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TAKAHASHI, YOKO 9963 NW 401 LANE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10/31
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SATO, LEIJI 9963 NW 401 LANE MIAMI FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X SIGNATURE REQUIRED 10/04/00 (305) 468-1678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/00)