


6/16

06-16-2003 90148 038 \*\*\*150.00

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

DOCUMENT # 997000094944 (L)

1. Entity Name  
 INTERNATIONAL EXPORT TRADE INC.



**DO NOT WRITE IN THIS SPACE**

**55050149**

2. Principal Office of Business  
 8414 N.W. 61 Street

3. Mailing Address  
 SAME

Suite, Apt. #, etc.

Miami, FL

City & State

33166 U.S.A.

Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
 65-0096765

Apply for  
 No. 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  
 Alvaro G Vasquez

Street Address (P.O. Box Number is Not Acceptable)  
 8414 N.W. 61 Street

City Miami FL Zip 33166

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 accept, the obligations of registered agent.

SIGNATURE *[Signature]* DATE 06/24/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when register fee)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$81.25  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, ALVARO G 8414 N,W 61 Street Mia FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S VASQUEZ AMPARO L. 8414 N.W 61 Street Mia FL 33166
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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 on an attachment with an address, with all other duly employed.

SIGNATURE: *[Signature]* DATE 06/06/03 305-599-7694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/02)