10%

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000005175

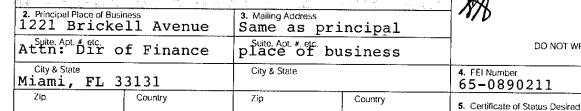
1. Entity Name
International Title Corp.

FILED

02 APR 30 AM 11:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

FL

\$8.75 Additional

3934931

Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Garrett,	Richard
Street Address (P.O. Box 1221 Brid	Number is Not Acceptable) kell Avenue, SSte22100

CityMiami

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.

9. This corporation is eligible to satisfy its Intangible
Tax filling requirement and elects to do so.

Jacobs Signature, typed or printed name of registered agent and title if applicable.

Jacobs Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS President/Director THEF NAME Loumiet, Juan P. NAME STREET ADDRESS STREET ADDRESS 1221 Brickell Avenue, #2100 CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33131 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE TITLE Lash, Nancy B NAME NAME street ADDRESS 1221 Brickell Avenue, ##2100 STREET ADDRESS DO NOT WRITE CITY - ST-ZIP CITY, ST. 7IP <u> Miami, FL 33131</u> TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Nancy Lash, VP

Date

Daytime Phone #

CR2E034B (12/01

2

ACCOUNT FILING COVER SHEET WALK IN

FCA00000014

ACCOUNT #:

CORPDIRECT AG 103 N. MERIDIAN TALLAHASSEE, F 850-222-1173	STREET
CONTRA OT	Pan
CONTACT:	1 20 25
DATE:	4-30-02
REF#:	0150.6376
CORP. NAME:	International Title Corp.
PLEASE FILE TH	E ATTACHED <u>ANNUAL REPORT</u> AND ISSUE A: COPY () PLAIN COPY () GOOD STANDING
PLEASE DEBIT OUR ACCOUNT IN THE AMOUNT OF \$	
AUTHORIZATION	: CHick