STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, 32399-0500

MOTOR VEHICLE DEALER TITLE REASSIGNMENT SUPPLEMENT

(Instructions on Reverse Side)

For use by licensed MOTOR VEHICLE DEALERS, AUCTION DEALERS and THEIR BUYERS ONLY

This reassignment is supplement to: [xx] Title No.: 97853436 State of Issue: FLORIDA

[ ] Manufacturer's Statement or Certificate of Origin

VEHICLE DESCRIPTION

Vehicle Identification Number	Year	Make	Model	Body
C30018	1985	TRAIL MOBILE		TL

REASSIGNMENT INFORMATION

Name of Selling Dealer (Print)	Dealer License Number		State of License
TRANSPORT FUNDING LLC			
Street Address: 434 IOWA WOODS CIR E	City: ORLANDO	State: FL	Zip Code: 32828
Sales Tax Collected: $	Sales Tax Reg. No. (Sales Tax Information is not required on dealer to dealer transactions)		
Buyer's Name(s): CESAR OSORIO			Date of Sale
Buyer's Address: LA ESPERANZA INTIBUCA	City: HONDURAS C.A.	State	Zip Code
Auction Name (If applicable)	Auction License Number	State of License	Date of Auction
Street Address	City	State	Zip Code

U.S. VEHICLE EXPORT
08 JAN 18 18 08
PORT OF BROWNSVILLE

ODOMETER DISCLOSURE STATEMENT

WARNING: FEDERAL AND STATE LAW REQUIRE THAT YOU STATE THE ODOMETER MILEAGE IN CONNECTION WITH TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.

I STATE THAT THIS MOTOR VEHICLE'S [ ] 5 DIGIT OR [ ] 6 DIGIT ODOMETER NOW READS [ ][ ][ ][ ][ ][ ].XX (NO TENTHS) MILES, DATE READ __/__/__, AND TO THE BEST OF MY KNOWLEDGE THAT IT REFLECTS THE ACTUAL MILEAGE OF THE VEHICLE DESCRIBED IN THIS DOCUMENT UNLESS ONE OF THE FOLLOWING IS CHECKED:

CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX

[ ] 1. I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE ODOMETER READING REFLECTS THE AMOUNT OF MILEAGE IN EXCESS OF ITS MECHANICAL LIMITS

[ ] 2. I HEREBY CERTIFY THAT THE ODOMETER READING IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY

SELLER AFFIRMS, UNDER PENALTY OF PERJURY, THAT THE ABOVE FACTS ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE

AJUSTADA
DIRECCION EJECUTIVA DE INGRESOS
ADMON ADUANA AGUA CALIENTE

Dealer's Agent Printed Name (Selling Dealer)	Dealer's Agent Signature
Buyer's Signature (1) Acknowledges Receipt of Statement	Buyer's Signature (2) Acknowledges Receipt of Statement
Buyer's Printed Name (1) First, Full Middle or Maiden, Last	Buyer's Printed Name (2) First, Full Middle or Maiden, Last

Street Address	City	State	Zip Code

NOTICE: ANY ALTERATION OR ERASURE MAY VOID THIS ASSIGNMENT AND ALL ASSIGNMENTS THAT FOLLOW.

FILE: - ORIGINAL: WITH TITLE
COPY: DEALER RECORD

HSMV 82994 (REV. 01/02) S