

IMPORT / EXPORT POWER OF ATTORNEY

Know all men by these presents, That _____.

(Full Name of U.S. Principal Party in Interest)

("USPPI"), organized and doing business under the laws of the state or country of _____

_____, EIN/IRS/SSN: _____ and having an office or place of business _____

(Address of USPPI)

Hereby authorizes **WORLD CARGO TRANSPORT, INC.** ("Authorized Agent"), of 1460 US HWY 9 North, Suite #303, Woodbridge, NJ 07095 to act for and on its behalf as a true and lawful agent and attorney of the USPPI for and in the name, place and stead of the USPPI, from this date, in the United States whether in writing, electronically, or by any other authorized means to: Act as Authorized Agent for Export control, Census Reporting, and Customs purposes. Prepare and transmit any Electronic Export Information (EEI) or other documents or records required to be filed by the U.S. Census Bureau, The Bureau of Customs and Border Protections, the Bureau of of Industry and Security or any other U.S. Government agency, and perform any other act that may be required by law or regulation in connections with the exportation or transportation of goods shipped or consigned by or to the USPPI, and to receive or ship any goods on behalf of the USPPI. The USPPI hereby certifies that all statements and information contained in the documentation provided to the Authorized Agent relating to the exportation will be true and correct. Furthermore, the USPPI understands that civil and criminal penalties may be imposed for making false or fraudulent statements or for the violation of any United States laws or regulations on exportation. In addition, the USPPI agrees to indemnify and hold harmless the Authorized Agent for any damages, penalties or fines incurred as a result of the USPPI's false or fraudulent statements or for its violation of any United States export law or regulation. This power of attorney if for multiple shipments and is to remain in full force and effect until revocation in writing is duly given by the USPPPI and received by the Authorized Agent.

In Witness whereof, _____ caused

(Full name of Individual USPPI/USPPI Company)

These presents to be sealed and signed:

Signature _____

Printed/Typed Name: _____

Title/Capacity: _____

(If Corp. must be President, VP, Treasurer or other Authorized Party to Sign)

Date: _____

Witness: _____