


FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 529152

1. Corporation Name
U FRAME IT, INC.

(1)

Principal Place of Business
2222 N.E. 123RD STREET
NO. MIAMI FL 33181-2904

Mailing Address
2222 N.E. 123RD STREET
NO. MIAMI FL 33181-2904

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

9. Name and Address of Current Registered Agent

MAX HAGEN
3990 SHERIDAN ST # 104
MIAMI, FL
HOLLYWOOD FL 33021

81 Name

82 Street Address

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, and I, the undersigned, accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable (NOTE - Registered Agent signature required)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FICARROTTA, PETER	
STREET ADDRESS	1800 NE 114 ST.,#1703	
CITY- ST- ZIP	NORTH MIAMI FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FICARROTTA, DOROTHY	
STREET ADDRESS	1800 NE 114 ST.,#1703	
CITY- ST- ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13.

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

3. Date Incorporated or Qualified 03/22/1977		3a. Date of Last Report 04/11/1996	
4. FEI Number 59-1730030		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent			
Address (P.O. Box Number is Not Acceptable)			
FL		85	Zip Code
Corporation submits this statement for the purpose of changing its registered agent on its board of directors. I hereby accept the appointment as registered agent.			
Signed (when registering)		DATE	
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input checked="" type="checkbox"/> Change ADDRESS 50 SOUTH POINTE DR. H 2003 MIAMI BEACH FL 33139		<input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change ADDRESS 50 SOUTH POINTE DR. H 2003 MIAMI BEACH FL 33139	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 7/12/97 305
535-3947