


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name UNIVERSAL TOOL REPAIRS INC	DOCUMENT # L 6 9 2 2 4
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Mailing Address 12230 S.W. 93rd. Street Miami, Fl. 33186	Principal Place of Business 735 East 10th Street Hialeah, Fl. 33010
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21 12370 SW 96 Street Suite, Apt. #, etc. 22 City & State 23 Miami, Fl. Zip 24 33186 Country 25 Dade	2a. Principal Place of Business 26 1010 East Le Jeune Rd. Suite, Apt. #, etc. 27 City & State 28 Hialeah, Fl. Zip 29 33010 Country 30 Dade
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/27/1990	3a. Date of Last Report 02/27/1992
4. FEI Number 650190940	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <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	

9. Name and Address of Current Registered Agent

RICARDO RIVAS
12230 SW 93rd. Street
Miami, Fl. 33186

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12370 SW 93rd. Street 83 84 City Miami, FL	85 Zip Code 33186
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Register or Accepting Appointment. (NOTE: Registered Agent signature required when reinstating)

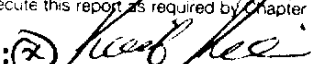
12. OFFICERS AND DIRECTORS

1.1 TITLE	DP
1.2 NAME	RIVAS, RICARDO
1.3 STREET ADDRESS	12230 S.W. 93rd. Street
1.4 CITY-ST-ZIP	Miami, Fl. 33186
2.1 TITLE	DST
2.2 NAME	RIVAS, EVA CAPOZZOLO
2.3 STREET ADDRESS	12230 SW 93rd. Street
2.4 CITY-ST-ZIP	Miami, Fl. 33186
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	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	12370 SW 96 Street
1.4 CITY-ST-ZIP	Miami, Fl. 33186
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	12370 SW 96 Street
2.4 CITY-ST-ZIP	Miami, Fl. 33186
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	300001862643
5.4 CITY-ST-ZIP	-06/14/96--01077--051
	***225.00
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  President (Ricardo Rivas) 05-17-96 (305) 883-0525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

6/13/92