FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L69224

(8)

UNIVERSAL TOOL REPAIRS, INC.

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business Marling Address																
12370 6W 96 STREET MIAMI FL 33010 US				1010 EAST LE JEUNE RD. HIALEAH FL 33010 US												
										 Date Incorporated or Qua 04/27/1990 	lified	1	ate of La 13/199		oort	
2. Principal Place of Business				2a. Mailing Address						4. FEI Number			1		lied For	
21				26				ŀ	65-0190940				Not	Applicable		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desire	ed		\$8.75 Additional Fee Required			
City & State				City & State					6. Election Campaign Finance	ina		\$5	.00 м	lav Po		
23				28						Trust Fund Contribution	9			ded to		
Zip		Country		Ζip		Coun	try			8. This corporation has liabil	ity for i	inkinaible	tax unc	der s. 1	99.032.	
24		25	29]		30				Florida Statutes	·		□No			
9. Name and Address of Current Registered Agent									1	10. Name and Address of New Registered Ag-						
RIV	AS, RICARDO)				8	B1	Name								
12370 S.W. 93RD STREET						1	B2	Stroot Ac	ddroce	(P.O. Box Number is Not Ac	centah	ula)	····			
MIAMI FL 33186																
							83									
										·						
						'	B4	City				FL	85	Zip Co	oae	
11. Pursuant office or agent. I a	to the provision registered age am familiar with	ons of Sections ont, or both, in the hand accept the	07.0502 and ic State of Flo e obligations	607.1508, rida. Such of, Section	Florida Statute change was a n 607.0505, Flo	es, the about norized orida Statu	ovo by	named co the corpo	orporat ration's	tion submits this statement fo s board of directors. I hereby	r the p accep	ourpose o	f changi pointmer	ng its it as re	registered gistered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: file							 Ager	it signature re	quired w	hen reinstet ng)	·	DATE				
12. OFFICERS AND				DIRECTORS			13.			ADDITIONS/CHANGES TO	OFFIC	ERS AND) DIREC	TORS	IN 12	
TITLE	DP				1.1 1111	1.1 TITLE						Cha	nge	Addition		
NAME	RIVAS, RICARDO						1.2 NAME									
STREET ADDRESS	DDRESS 12370 SW 96 STREET						1.3 STREET ADDRESS									
CITY-ST-ZIP	Y-ST-ZIP MIAMI FL 33010					1.4 CITY	1.4 CITY-ST-ZIP									
TITLE	D\$T DELETE					2.1 1116	2.1 TITLE						Cha	nge	Addition	
NAME RIVAS, EVA CAPOZZOLO				2.2			2.2 NAME									
STREET ADDRESS 12370 SW 96 STREET				2.3 \$			2.3 STREET ADDRESS									
CITY-ST-ZIP MIAMI FL 33010				2. 4			2. 4 CITY-ST-ZIP									
TITLE					DELETE	3 1 TI7L				* * *	•		Cha	nge	Addition	
NAME						3.2 NAM	ΛĿ									
STREET ADDRESS						3.3 STR	EET.	ADDRESS								
CITY_ST_ZIP						3.4 CH										

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual proport or supplied rental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the certify altern or the proportion of the certification or the proportion of the certification of the

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 IDLE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CHY - ST - ZIP

4.4 CITY - ST - ZIP

01011171177

TITLE

NAME

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NAME STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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(101) 887-012

1-1-7-67

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