

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

**FILED**

**Feb 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 # P94000077599 (6)**

**1. Corporation Name  
UNITED INTERNATIONAL TOOL, INC.**



**Principal Place of Business  
16300 NE 19 AVE  
SUITE 222  
N MIAMI BEACH FL 33179**

**Mailing Address  
16300 NE 19 AVE  
SUITE 222  
N MIAMI BEACH FL 33162-4879**

**3. Date Incorporated or Qualified 10/20/1994  
3a. Date of Last Report 08/14/1996**

**2. Principal Place of Business  
21 2040 NE 163 RD ST  
Suite Apt. # etc.  
22 103  
City & State  
23 NORTH MIAMI BEACH, FL  
Zip Country  
24 33162 25 USA**

**2a. Mailing Address  
26 PO Box 601371  
Suite, Apt. #, etc.  
27  
City & State  
28 NORTH MIAMI BEACH FL  
Zip Country  
29 33160 30 USA**

**4. FEI Number 65-0542643  
Applied For Not Applicable**

**5. Certificate of Status Desired  \$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BASS, LES  
16300 NE 10TH AVE., STE-222  
SUITE 107  
N MIAMI BEACH FL 33162**

**81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
2040 NE 163 RD ST  
83 SUITE 103  
84 City NORTH MIAMI BEACH FL 85 Zip Code 33162**

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.**

**SIGNATURE: Les Bass, President LES BASS, PRESIDENT 2/12/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE**

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BASS, LES	
STREET ADDRESS	16300 NE 10TH AVE., STE-222 2040 NE 163 RD ST	
CITY- ST- ZIP	N MIAMI BEACH FL 33162 SUITE 103	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BASS, SHERI	
STREET ADDRESS	16300 NE 10TH AVE., STE-222 2040 NE 163 RD ST	
CITY- ST- ZIP	N MIAMI BEACH FL 33162 SUITE 103	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

**14. I do hereby certify that the information supplied with this filing 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 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, changed, or on an attachment with an address.**

**SIGNATURE: Les Bass, President LES BASS, PRESIDENT 2/12/97 305-354-2093  
Signature and typed or printed name of signing officer or director Date Daytime Phone #**

CR2E034 (9/96)