

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**

**2a. Mailing Address
26 PO Box 601371
Suite, Apt. #, etc.
27
City & State**

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

**23 NORTH MIAMI BEACH, FL
Zip Country
24 33162 25 USA**

**28 NORTH MIAMI BEACH FL
Zip Country
29 33160 30 USA**

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

8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|-----------------------------|---------------------------------|
| 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 | | |

| | |
|--------------------|---|
| 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)