

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: 33162 Country: USA

28 NORTH MIAMI BEACH FL
Zip: 33160 Country: 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	
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)