

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000084733 (2)

1. Corporation Name

SOUTHERN STAR TOOLS, INC.



Principal Place of Business

530 NW 206 AVE
UNIT 27
PEMBROKE PINES FL 33029
US

Mailing Address

530 NW 206 AVE
UNIT 27
PEMBROKE PINES FL 33029
US

3. Date Incorporated or Qualified
11/21/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1659 S. St. Rd #7

26 1659 S. St. Rd #7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N. LAUDERDALE

27 N. LAUDERDALE

City & State

City & State

23 FLORIDA

28 FLORIDA

Zip

Country

Zip

Country

24 33068

25 Broward

29 33068

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Mauricio Orozco ROZCO, MAURICIO J

(If DTE - Registered Agent Signature required when re-appointing)

3/31/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME OROZCO, MAURICIO J
STREET ADDRESS 530 NW 206 AVE
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

400001832974
-05/21/96--01123--044
***200.00

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 further certify that the information indicated on the 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 if changed from an agent with a new address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Mauricio Orozco MAURICIO OROZCO 3/31/96 977-0770

Date Daytime Phone #

CR2E034 (12/95)