

FILE NOW: FILING FEE AFTER MAY 1 IS \$ 5.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000093022 (9)**

1. Corporation Name
UT WINDOWSILL UNLTD., INC.



Principal Place of Business Mailing Address
2141 NW 72ND AVE. MIAMI FL 33122

3. Date Incorporated or Qualified **12/22/1994** 3a. Date of Last Report **11/13/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **65-0546227** 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
IGNORATO, UGO
2141 NW 72ND AVE.
MIAMI FL 33122

10. Name and Address of New Registered Agent
81 Name **GIOVANNI CIVILE**
82 Street Address (P.O. Box Number is Not Acceptable) **2141 NW 72ND AVE**
83 **M**
84 City **MIAMI** FL 85 Zip Code **33122**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 *Giovanni Civile*

12. OFFICERS AND DIRECTORS		DATE
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IGNORATO, UGO	
STREET ADDRESS	7901 SW 142ND AVE.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CIVILE, GIOVANNI	
STREET ADDRESS	2141 NW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NAVIGLIA, UMBERTO	
STREET ADDRESS	2141 NW 72ND AVE.	
CITY-ST-ZIP	MIAMI FL 33122	
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		DATE
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
1. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	GIOVANNI CIVILE	
3. STREET ADDRESS	2141 NW 72ND AVE	
4. CITY-ST-ZIP	MIAMI FL 33122	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6. 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 is voluntarily furnished and certify that the information indicated on this annual report or supplementary 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 employed by it; that I execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Giovanni Civile*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)