


Amend Existing Annual Report
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

-PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P96000094023</u>			
1. Corporation Name <u>UST International, Inc.</u>			
Principal Place of Business <u>7110 N.W. 4th Avenue</u> <u>Boca Raton, FL 33487</u>		Mailing Address <u>7110 N.W. 4th Avenue</u> <u>Boca Raton, FL 33487</u>	

APPROVED
AND
FILED

97 OCT 23 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 21 <u>1152 N. University Dr.</u> Suite, Apt. #, etc. <u>Suite 202</u> City & State 23 <u>Pembroke Pines FL</u> Zip 24 <u>33024</u> Country 25 <u>USA</u>		2a. Mailing Address 26 <u>1152 N. University Dr.</u> Suite, Apt. #, etc. <u>Suite 202</u> City & State 28 <u>Pembroke Pines, FL</u> Zip 29 <u>33024</u> Country 30 <u>USA</u>		4. FEI Number <u>65-0519543</u> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <u>Harold A. Henthorn</u> <u>7110 N.W. 4th Avenue</u> <u>Boca Raton, FL 33487</u>		10. Name and Address of New Registered Agent 81 Name <u>Jack D. Warner</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>1152 N. University Dr.</u> 83 <u>Suite 2nd Floor</u> 84 City <u>Pembroke Pines</u> FL 85 Zip Code <u>33024</u>	
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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 Jack D. Warner (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>DPST</u> <input checked="" type="checkbox"/> DELETE NAME <u>Harold A. Henthorn</u> STREET ADDRESS <u>1152 N. University Dr. 7110 N.W. 4th Ave</u> CITY-ST-ZIP <u>Boca Raton, FL 33487</u>		11 TITLE <u>100002330861-1</u> 12 NAME <u>-10/27/97-01160-001</u> 13 STREET ADDRESS <u>*****61.25 *****61.25</u> 14 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE <u>DPST</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22 NAME <u>Seth D. Eisenberg</u> 23 STREET ADDRESS <u>1152 N. University Dr., Suite 202</u> 24 CITY-ST-ZIP <u>Pembroke Pines FL 33024</u>	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE <u>A. Alan</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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 if changed, or on an attachment with an address.

SIGNATURE: Seth D. Eisenberg 10/16/97 (1954) 441-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)