

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:55

DOCUMENT # **H69030** (5)

1. Corporation Name
BUCKLE UP, INC. OF MIAMI

Principal Place of Business 1500 SAN REMO AVE SUITE 245 CORAL GABLES FL 33146-3054 US	Mailing Address 1500 SAN REMO AVE SUITE 245 CORAL GABLES FL 33146-3054 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/29/1985	3a. Date of Last Report 04/05/1994
4. FEI Number 59-2560681	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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9. Name and Address of Current Registered Agent

**HUGHEY, BONNIE J
1500 SAN REMO AVE
STE 239
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHLIN, ROBERT	12 NAME	
STREET ADDRESS	12950 NEVADA STR	13 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	14 CITY - ST - ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHLIN, EVELYNE	22 NAME	
STREET ADDRESS	12950 NEVADA STR	23 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	24 CITY - ST - ZIP	
TITLE	VT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUGHLIN, CAROLYN	32 NAME	
STREET ADDRESS	12950 NEVADA ST.	33 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	34 CITY - ST - ZIP	
TITLE	VS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, HOLLY LOUGHLIN	42 NAME	
STREET ADDRESS	12950 NEVADA ST	43 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(3)(b), 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 identical form.

SIGNATURE: **X** *Evelyn Loughlin* **March 27/1995** (305) 666-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Evelyn Loughlin, Vice President/Director