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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

H69030

(5)

DOCUMENT # H69
1. Corporation Name
BUCKLE UP, INC. OF MIAMI

	UP, INC. OF MIAMI				
Principal Place o	f Business	Mailing Address			
1500 SAN REM	IO AVE	1500 SAN REMO AVE			
SUITE 245		SUITE 245	3146,3064		
CORAL GABLES FL 33146-3064 US		CORAL GABLES FL 33146-3054 US		3. Date Incorporated or Qualified	3a. Date of Last Report 04/03/1995
00			· · · · · · · · · · · · · · · · · · ·	07/29/1985	Applied For
Principal Plac	e of Business	2a. Mailing Address		4. FEI Number 59-2560681	Not Applicable
		26			\$8.75 Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	ntangible tax under s. 199.032,
]	25	29	30	Florida Statutes X Yes 10. Name and Address of New R	
	9. Name and Address of Curren	nt Registered Agent	P4 None	10. Name and Address of New H	egistered Agent
			81 Name		
	, BONNIE J		82 Street Add	iress (P.O. Box Number is Not Acceptab	ie)
1500 SA	n remo ave		83		
STE 239			• • • • • • • • • • • • • • • • • • •		
CORAL (SABLES FL 33146		B4 City		FL 85 Zip Code
familiar with	and accept the obligations of, Section 1.	tion 607,0505, Florida Stalute	15.	oration Statistics this state near to the polar and of directors. I hereby accept the appoint	
NONATURE	Separative formed or printed more: of road depost ager-	t and their applicable.	VITE Hegistered Agent's greature require	ist when recetating)	DATE
SIGNATURE	Signature, typied or printed number of registered ages OF FICERS AN	can universage front le (iii) ID DIRECTORS	Title Hegistered Agent signature requir	is bytich renstating ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
SIGNATURE 2.				istation residual ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
SIGNATURE	OFFICERS AN	ID DIRECTORS	13.	ist when construct ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
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SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OF DIRECTOR
Evelyne Loughlin, Vice President/Director

2/5/96

(305) 666-0000

Dayton o Phone #

CR2E034 (12/95)