

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H69030 (5)

1. Corporation Name

BUCKLE UP, INC. OF MIAMI



Principal Place of Business

1500 SAN REMO AVE
SUITE 245
CORAL GABLES FL 33146-3064
US

Mailing Address

1500 SAN REMO AVE
SUITE 245
CORAL GABLES FL 33146-3064
US

3. Date Incorporated or Qualified
07/29/1985

3a. Date of Last Report
04/03/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	LOUGHLIN, ROBERT	12950 NEVADA STR	CORAL GABLES FL	<input type="checkbox"/>
VD	LOUGHLIN, EVELYNE	12950 NEVADA STR	CORAL GABLES FL	<input type="checkbox"/>
VT	LOUGHLIN, CAROLYN	12950 NEVADA ST.	CORAL GABLES FL	<input type="checkbox"/>
VS	LEVIN, HOLLY LOUGHLIN	12950 NEVADA ST	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
			33156				33156				33156				33156								

SIGNATURE:

Evelyne Loughlin, Vice President/Director

2/5/96

(305) 666-0000

CR2E034 (12/95)