

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 MAR 20 PM 2:05

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000008009 (1)

1. Corporation Name

BULL MOTORS, INC.

Principal Place of Business

16800 N.W. 57 AVE
MIAMI FL 33015

Mailing Address

16800 N.W. 57 AVE
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/02/1993** 3a. Date of Last Report **02/10/1994**

4. FEI Number **65-0386825** 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**RAMIRO G. DE MOLINA
EAGLE BRANDS, INC
3201 N.W. 72 AVE
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name **MURAT WALD BIONDO & MORENO, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **25 S.E. 2nd Avenue**
83 Suite **900**
84 City **Miami** FL 85 Zip Code **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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.

MURAT WALD BIONDO & MORENO, P.A., M. Cristina Moreno, Vice President 02/27/95

SIGNATURE BY:

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE LA CRUZ, CARLOS M SR
STREET ADDRESS	3201 NW 72ND AVE
CITY - ST - ZIP	MIAMI FL 33122
TITLE	D
NAME	DE LA CRUZ, CARLOS M JR
STREET ADDRESS	3201 NW 72ND AVE
CITY - ST - ZIP	MIAMI FL 33122
TITLE	D
NAME	DE LA CRUZ, ALBERTO E
STREET ADDRESS	3201 NW 72ND AVE
CITY - ST - ZIP	MIAMI FL 33122
TITLE	D
NAME	ERNST, ISABEL
STREET ADDRESS	3201 NW 72ND AVE
CITY - ST - ZIP	MIAMI FL 33122
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	DELETE
2.4 CITY - ST - ZIP	
3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ramiro G. de Molina
5.3 STREET ADDRESS	3201 NW 72 AVE.
5.4 CITY - ST - ZIP	MIAMI FL 33122
6.1 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 does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/95 (301) 575-2337