

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 110 SE Sixth St.		02/02/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0386825	
City & State		City & State		5. Certificate of Status Desired	
23		28 Ft. Lauderdale, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29 33301	30	<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
10. Name and Address of New Registered Agent				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE LA CRUZ, CARLOS M SR	
STREET ADDRESS	3201 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DE, MOLINA R G	
STREET ADDRESS	3201 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DE LA CRUZ, ALBERTO E	
STREET ADDRESS	3201 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ERNST, ISABEL	
STREET ADDRESS	3201 NW 72ND AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KADRE, MANUEL	
STREET ADDRESS	3201 NW 72 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DIAZ, CARLOS	
STREET ADDRESS	3100 NW 36 ST	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carlos M. de la Cruz, Sr.	
1.3 STREET ADDRESS	3201 NW 72nd Ave.	
1.4 CITY-ST-ZIP	Miami, FL 33122	
2.1 TITLE	ISO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES O. ROSE	
2.3 STREET ADDRESS	110 SE Sixth St.	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas W. Hawkins	
3.3 STREET ADDRESS	110 SE Sixth St.	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Kathleen Hule	
4.3 STREET ADDRESS	110 SE Sixth St.	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Manuel Kadre	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____

954-769-6000

CR2E034 (10/97)