

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
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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
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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	
				65-0386825	
23. City & State		27. City & State		5. Certificate of Status Desired	
FL. Lauderdale, FL		FL. Lauderdale, FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	
33301		33301		<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				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
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
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Carlos M. de la Cruz, Sr.	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DE LA CRUZ, CARLOS M SR			1.2 NAME	3201 NW 72nd Ave.		
STREET ADDRESS	3201 NW 72ND AVE			1.3 STREET ADDRESS	Miami, FL 33122		
CITY-ST-ZIP	MIAMI FL 33122			1.4 CITY-ST-ZIP	MIAMI, FL 33122		
TITLE	T	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VS0	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DE, MOLINA R G			2.2 NAME	JAMES O. ROSE		
STREET ADDRESS	3201 NW 72ND AVE			2.3 STREET ADDRESS	110 SE Sixth St.		
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP	FL. Lauderdale, FL 33301		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Thomas W. Hawkins	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DE LA CRUZ, ALBERTO E			3.2 NAME	110 SE Sixth St.		
STREET ADDRESS	3201 NW 72ND AVE			3.3 STREET ADDRESS	FL. Lauderdale, FL 33301		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	FL. Lauderdale, FL 33301		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Kathleen Hule	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ERNST, ISABEL			4.2 NAME	110 SE Sixth St.		
STREET ADDRESS	3201 NW 72ND AVE			4.3 STREET ADDRESS	FL. Lauderdale, FL 33301		
CITY-ST-ZIP	MIAMI FL 33122			4.4 CITY-ST-ZIP	FL. Lauderdale, FL 33301		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	Manuel Kadre	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KADRE, MANUEL			5.2 NAME	3201 NW 72 Ave.		
STREET ADDRESS	3201 NW 72 AVE			5.3 STREET ADDRESS	Miami, FL 33122		
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP	Miami, FL 33122		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, CARLOS			6.2 NAME			
STREET ADDRESS	3100 NW 36 ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			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)