

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

APPROVED
AND
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99 FEB 12 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000008009**

1. Corporation Name
BULL MOTORS, INC.

Principal Place of Business

16800 N.W. 57 AVE
MIAMI FL 33015

Mailing Address

110 S.E. SIXTH STREET
FT. LAUDERDALE FL 33301
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 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

**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

FL

85 Zip Code

3. Date Incorporated or Qualified

02/02/1993

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 owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

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 signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS

TITLE **P** DELETE

NAME **DE LA CRUZ, CARLOS M. SR.**
STREET ADDRESS **3201 NW 72ND AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **VSD** DELETE

NAME **COLE, JAMES O.**
STREET ADDRESS **110 SE SIXTH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** DELETE

NAME **HAWKINS, THOMAS U.**
STREET ADDRESS **110 SE SIXTH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **T** DELETE

NAME **HYLE, KATHLEEN**
STREET ADDRESS **110 SE SIXTH STREET**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **V** DELETE

NAME **KADRE, MANUEL**
STREET ADDRESS **3201 NW 72ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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***150.00 ***150.00

Thomas W. Hawkins

Handwritten initials

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 (954) 769-6000

Date Daytime Phone #

0290405

CR2E034 (11/98)