FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000046599 (4)

1. Corporation Name
BRUNO'S AUTO SALES, INC.

Principal Place of Business
~~% MAGDA MONTIEL DAVIS PA~~
~~2650 SW 27TH AVE SUITE 304~~
~~MIAMI FL 33133~~

Mailing Address
~~% MAGDA MONTIEL DAVIS, PA~~
~~2650 SW 27TH AVE SUITE 304~~
~~MIAMI FL 33133~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21: 8195 N.W. 54 St.
Suite, Apt. #, etc.
22: Miami Fl.
City & State
23: 33160 Dade
Zip / 24 / 25 County

2a. Mailing Address
26: P.O. Box 701.
Suite, Apt. #, etc.
27: 4759 Miami Ave # 201
City & State
28: Hialeah Fl.
Zip 29: 33012 / 30 County: Dade

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of last Report: 4/20/95
4. FEI Number: 65-0505247 (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 [X] No

9. Name and Address of Current Registered Agent
DAVIS, MAGDA M
~~2650 SW 27TH AVE~~
~~SUITE 304~~
MIAMI FL 33133

10. Name and Address of New Registered Agent
81 Name: Hugo Blanco.
82 Street Address (P.O. Box Number is Not Acceptable): 8195 N.W. 54 St.
83
84 City: Miami FL 85 Zip Code: 33160

11. Pursuant to the provisions of Section 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. The 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] 6/6/96

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BLANCO, HUGO
STREET ADDRESS	~~% MAGDA M DAVIS PA 2650 SW 27TH AVE #304~~
CITY-ST-ZIP	~~MIAMI FL 33133~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[X] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	8195 N.W. 54 ST.
14 CITY-ST-ZIP	Miami Fl 33160
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	800001925318
63 STREET ADDRESS	-08/19/96--01016--010
64 CITY-ST-ZIP	***225.00

8/19/96

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)(i), Florida Statutes. I further certify that the information indicated on this 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 added by this report.

SIGNATURE: [signature] 6/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR