
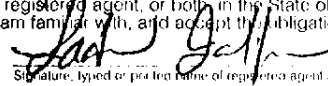


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000044531 (8) 1. Corporation Name B & M AUTO SALES, INC.			
Principal Place of Business #2 N.W. 79TH STREET MIAMI FL 33150		Mailing Address #2 N.W. 79TH STREET MIAMI FL 33150-3014	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 06/01/1995		3a. Date of Last Report 09/20/1996	
4. FEI Number 650586912		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent BERAHMAN, BEHROUZ #2 N.W. 79TH STREET MIAMI FL 33150		10. Name and Address of New Registered Agent 81 Name LADAN JALILEYAN 82 Street Address (P.O. Box Number is Not Acceptable) 9059 S.W. 133rd #G 83 84 City miami FL 85 Zip Code 33186	
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  DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE PD NAME BERAHMAN, BEHROUZ STREET ADDRESS 14460 S.W. 98TH AVE. CITY-ST-ZIP MIAMI FL 33176 <input checked="" type="checkbox"/> DELETE TITLE STD NAME JALILEYAN, MOHSEN N STREET ADDRESS #2 N.W. 79TH STREET CITY-ST-ZIP MIAMI FL 33150 <input checked="" type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE LADAN JALILEYAN 1.2 NAME 1.3 STREET ADDRESS 9059 S.W. 133rd #G 1.4 CITY-ST-ZIP Miami, FL 33186 (New Owner) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	



CR2E034 (9/96)

14. I do 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.

SIGNATURE  2/21/97 (305)756-5511