FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996		CORPORATIONS	
1. Corporation	n Name	0085121 (8)	
BAHG	AIN AUTO SALES, INC.			
Principal Place	e of Business	Mailing Address		
3586 NW 41 STREET. C327 3586 NW 41 STREET. C327			C327	
MIAMI FL 33	3142	MIAMI FL 33142		
				Date Incorporated or Qualified 11/02/1995 3a. Date of Last Report
2. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number Applied Fo 65 + 0645093 Applied Fo Not Applied
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired 38.75 Additiona
City & State	9	City & State		Fee Required 6. Election Campaign Financing \$5.00 May Be
23	01-	28		Trust Fund Contribution Added to Fees
Zip 24]	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes
	9. Name and Address of Current		1	10. Name and Address of New Registered Agent
MORERA, JOSE P 3586 NW 41 STREET, C327				
			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
	L 33142		83	
			84 City	■■ 85 Zip Code
11 Durwant t	o the precisions of Continue 007 0000	1,002,4500,5; 11,0;	'	№ 1 † ′
SIGNATURE	ed agent, or both, in the state of Florid: th, and accept the obligations of, Section Signature, types or printed name of registered agent a	or cor.cosco, i fonda diatoles.		ation submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent. I are
12.	OFFICERS AND		E Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D NODEDA (OCE D	☐ DELETE	1. 1 TITLE	Change Additi
NAME. STREET ADDRESS	MORERA, JOSE P 3586 NW 41 STREET, C327		1.2 NAME	
CITY-ST-ZIP	MIAMI FL 33142		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE		DELETE	2 1 TITLE	☐ Change ☐ Additin
NAME			2 2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE	☐ Change ☐ Additi
NAME			3 2 NAME	Change Additi
STREET ADDRESS			3.3. STREET ADDRESS	
CITY - ST - ZIP			3.4 CITY-ST-ZIP	
THLE		☐ DELETE	4. 1 TITLE	Change Addition
NAME STREET ADDRESS			4.2 NAME	
CITY - ST - ZIP			4.3 STREET ADDRESS	
TIFLE		☐ DELETE	4.4 CITY-ST-ZIP 5 1 TITLE	☐ Change ☐ Addition
NAME			5 2 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY - ST - ZIP			5 4 CITY-ST-ZIP	
TITLE		☐ DELETE	6. 1 TITLE	Change Addition
NAME STORE LADDOVICE			6 2 NAME	
STREET ADDRESS			6 3 STREE1 ADDRESS	

STREET ADDRESS

CITY-ST-ZIP

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)(k), 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:

AND

Design Proce #