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

* PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 14 1997 8:00am

Secretary of State

A CARANAN DIA KANTAN OLINI ARINI BARRA RADIN RADIN TRIDI KANDI RADIN JARDIR GERE IRAN

DOCUMENT # P95000089572 (8)

B.C.M. AUTOMOTIVE ENTERPRISES, INC.

S201 BLUE LAGOON DR. S201 BLUE LAGOON DR. SUITE 100 SUITE 100 MIAMI FL 33126-2065												
### SUPPLY SUPPL	Principal Place of Business Mailing Address								E ADDITADE LEG INDIAL BEITH MAINT SOUL CORNER HAVE FRIGH ATTH INSUR 1701 1801			
Substitution Subs	SUITE 100			SUITE 100								
B. Duce for companies of Business 2. Meding Address. 2. Meding Address. 3. Light Age and States Companies States of States Companies States												
2. Principal Place of Dissinces 2. Mailing Accessed. 4. FEI Number 5. Post Number	Middle 15 Oots	•	wiir					-	3. Date Incorporated or Qualified	3a. [Date of Last F	leport
SUBJECT APPLIES AND SUBJECT APPLIES AND DIRECTORS IN 12 PM									11/20/1995	11	/18/1996	
Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc. Suite, April 4, etc.	2. Principal Place of Business			2a. Mailing Address							Ar	oplied For
Cry & State City & City & State City &	21											
City & State Country Zep Zep				F					5. Certificate of Status Desired			
28 270 28 28 29 30 30 30 30 30 30 30 3		3	27	Cily & State								<u> </u>
Country 29 30									m			
Q. Hame and Address of Current Registered Agen Q. Hame and Address of Current Registered Agen CAHAN, RICHARD J So11 BUE LAGOON DR. SUITE 100 MIAMI FL 33126 11. Pursuant to the provisions of Socions 607.0560 and 607.1508. Florida Statutes. The above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Socions 607.0560 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, and the provisions of Socions 607.0560 and 607.1508. Florida Statutes. SIGNATURE Signature Specific printed frame frequency agent after a registered agent, and the provisions of Socions 607.0560. Florida Statutes. SIGNATURE Signature Specific printed frame frequency agent after a registered agent, and the provisions of Registering and the registering agent agent from the purpose of changing its registered specific printed frame frequency agent agent agent agent agent from the purpose of changing its registered specific printed frame frequency agent agent agent agent agent from the purpose of changing its registered specific printed frame frequency agent		Country		Zip	T Cour	ntrv				السا		
Second Source Registered Agent Second		25	<u></u> ⊢	•	<u></u>	,						. 199.032,
SECT BLUE LAGOON DR. SUITE 100 MIAMI FL 33126 SECTION Address (P.O. Box Number is Not Acceptable) SECTION ADDRESS (P.O. Box Number is		9. Name and Address of Curre		ered Agent	-12:-:1							
SOUTE 100 MINAMI FL 33128 Stroot Address (P.O. Box Number is Not Acceptable)	CAH	AN, RICHARD J				81	Name)				
SUTTE 100 MIAMI FL 33126 84 City FL 85 Zip Codo 11. Pursuant to the provisions of Socions 627 0562 and 607 1508, Florida Statutes, the showe named corporation submits this statement for the purpose of changing its registered agent. I am falled with, not both in the State of Florida Statutes, was and orized by the corporation is board of directors. Thereby accept the appointment as registered agent. I am falled with, not accept the origination of Socion 607 0505. Florida Statutes. SIGNATURE 12. OFF ICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D CAHAN, RICHARD J A 13.SIRET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14.00**51-2P TITLE DP XUELER 19 IN IN INC. 13.SIRET ADDRESS 14.CITY 51-7P 10.SIRET ADDRESS 14.CITY 51-7P 10.SIRET ADDRESS 14.CITY 51-7P 10.SIRET ADDRESS 13.SIRET ADDRESS 13.SIRET ADDRESS 14.CITY 51-7P 10.SIRET ADDRESS 14.CITY 51-7P 10.SIRET ADDRESS 14.CITY 51-7P 10.SIRET ADDRESS 15.SIRET ADDR					-	82	Strock	I Addross	(P.O. Box Number is Not Accepta	blol		
## City ## Cit	SUIT	Ė 100					Olicoi	, radii ba	o (F.O. DOX NUMBER 18 NOT PICCOMA	Didy		
11. Pursuant to the provisions of Sections 627 05:02 and 607 15:08. Florida Statutes, the above paried corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the onligations of, Section 607 05:05. Florida Statutes and the registered agent. I am familiar with, and accept the onligations of, Section 607 05:05. Florida Statutes and the registered agent. I am familiar with, and accept the onligations of, Section 607 05:05. Florida Statutes and the registered agent ag	MIA	AI FL 33126				83						
11. Pursuant to the provisions of Sections 627 05:02 and 607 15:08. Florida Statutes, the above paried corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the onligations of, Section 607 05:05. Florida Statutes and the registered agent. I am familiar with, and accept the onligations of, Section 607 05:05. Florida Statutes and the registered agent. I am familiar with, and accept the onligations of, Section 607 05:05. Florida Statutes and the registered agent ag						R4	City				let I Zin	Codo
office of registered agent, or both, in the State of Florida Such clange was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both in the State of Florida Such clange was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both in the State of Directors agent was the 7 specialists. Control State of C						"	Only			Fl	_ 65 Z.ip i	Codo
Agent. I am familiar with, and accorpt the obligations of, Section 607 0505, Florida Statutes. SIGNATURE 10	11. Pursuant	to the provisions of Sections 607.05	02 and 60	07.1508, Florida Statu	tos, the ab	ovo	named	d corpora	ation submits this statement for the	purpose	of changing it	is registered
Signature, layed or printed rance of regioneral upon that any stay state in the printed and part of part of the pa	agent. I a	m familiar with, and accept the obli	gations of,	ia: Such change was , Section 607.0505, Fl	autnorized Iorida Statu	i by ites	the cor	rporation	is board of directors. Thereby acce	pt the ap	pointment as	registered
Signature, layed or printed rance of regioneral upon that any stay state in the printed and part of part of the pa	SIGNATURE											
TITLE		··· ·				Ager	it signatur	re required v				
NAME STREET ADDRESS OTTY-ST-ZIP NAME OTTY-ST-ZIP NAME NAMI FL 33128 MILCH, JAY T SO30 CHAMPION BLVD., SUITE 100 BGCA RATON FL 33498 DELFIE			ND DIREC						ADDITIONS/CHANGES TO OFFI	CERS AN		
STREET ADDRESS MIAM FL 33126		•		☐ DETE LE							L Change	Addition
MIAMI FL 33128												
TITLE MAME MILCH, JAY T STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREE												
MILICH, JAY T STREET ADDRESS CITY-ST-2IP BOCA RATON FL 33498 DELITE DELITE DELITE 31 THE 32 NAME 32 NAME 33 SHREET ADDRESS CITY-ST-2IP TITLE DELETE 41 THE 42 NAME 42 NAME 43 SHREET ADDRESS CITY-ST-2IP TITLE DELETE 44 THE 44 THE 45 NAME 45 NAME 45 SHREET ADDRESS CITY-ST-2IP DELETE 55 THE 56 NAME 57 NA				₩ 00.00			- 2iP				TS Channe	
STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33496 DELETE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 DELETE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP BOCA RATON, FL 33496 CONTROL OF A CONTRO				L- V ivere it							CA Grange	Montion
CITY-ST-ZIP BOCA RATON FL 33498 2 4 CITY-ST-ZIP NAME 37 NAME 37 NAME 38 STREET ADDRESS CITY-ST-ZIP TITLE NAME 42 NAME 42 NAME 42 NAME 43 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 44 CITY-ST-ZIP TITLE DELETE 44 CITY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP TITLE DELETE 54 CITY-ST-ZIP NAME 53 STREET ADDRESS CITY-ST-ZIP NAME 53 STREET ADDRESS CITY-ST-ZIP CHARGE Addition Change Addition Change Addition Addition NAME 57 NAME 58 STREET ADDRESS CITY-ST-ZIP CHARGE 61 TITLE NAME STREET ADDRESS CITY-ST-ZIP 14 LO bereby certify that the information supplied with this filling close not qualify for it the exemption stated in Section 119 O7(3)(i). Florida Statutes, further certify that the information supplied with this filling close not qualify for it the exemption stated in Section 119 O7(3)(i). Florida Statutes, further certify that the information supplied with this filling close not qualify to it the exemption stated in Section 119 O7(3)(i). Florida Statutes, further certify that the information supplied with this filling close not qualify to the exemption stated in Section 119 O7(3)(i). Florida Statutes, further certify that the information supplied and the new strength resident to supplied and the provider certify that the information supplied and the new strength resident to supplied and the new strength resident resident to supplied and the new strength resident resident to supplied and the new strength resident resid			TE 100				LODOLOD.					
DEFFE STREET ADDRESS STREET ADDRES	Į.		IL 100					יכטכן			ITE 6-	-425
NAME		DOOM TATION 1 E 00100		DELETE			1 - 711′	BOC.	A RATON, FL 3349	d	Change	Addition
STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP TITLE DELETE 41. THE 41. THE 42. NAM: STREET ADDRESS CITY-ST-ZIP TITLE DELETE 43. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51. THE DELETE 51. THE DELETE 51. THE DELETE 51. THE CHAnge Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51. THE 52. NAME 53. STREET ADDRESS CITY-ST-ZIP TITLE DELETE 54. CITY-ST-ZIP TITLE DELETE 61. THE GENAME 62. NAME 63. STREET ADDRESS CITY-ST-ZIP TITLE CHANGE GENAME 64. CITY-ST-ZIP 44. CITY-ST-ZIP TITLE DELETE 64. CITY-ST-ZIP TITLE DELETE 64. CITY-ST-ZIP CHANGE GENAME 64. CITY-ST-ZIP TITLE CHANGE GENAME G											[] Onlingo	risaltian
City-St-ZiP							2249dn a					
TITLE DELETE 41 THE Change Addition NAME STREET ADDRESS CITY-ST-ZIP 44 CHY-ST-ZIP THE DELETE 51 THE STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP TITLE DELETE 61 THE GLANGE NAME 52 NAME STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP TITLE DELETE 61 THE GLANGE STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-ZIP TITLE GLANGE 65 NAME STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-ZIP TITLE GLANGE 65 NAME STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-ZIP TITLE GLANGE 65 NAME STREET ADDRESS CITY-ST-ZIP 64 CHY-ST-ZIP THE GLANGE 64 CHY-ST-ZIP THE GLANGE STREET ADDRESS CITY-ST-ZIP 65 CHY-ST-ZIP THE GLANGE STREET ADDRESS CITY-ST-ZIP 65 CHY-ST-ZIP THE GLANGE STREET ADDRESS CITY-ST-ZIP 65 CHY-ST-ZIP THE GLANGE STREET ADDRESS												
NAME STREET ADDRESS CITY- ST-ZIP 4.4 CITY- ST-ZIP 5.2 NAME STREET ADDRESS CITY- ST-ZIP 5.3 STREET ADDRESS CITY- ST-ZIP 5.4 CITY- ST-ZIP 5.4 CITY- ST-ZIP 5.4 CITY- ST-ZIP 5.5 NAME 6.7 NAME 6.8 NAME 6.9 NAME 6.9 NAME 6.9 NAME 6.1 NAME 6.1 NAME 6.2 NAME 6.3 STREET ADDRESS CITY- ST-ZIP 6.4 CITY- ST-ZIP 6.4 CITY- ST-ZIP 6.5 NAME 6.6 NAME 6.7 NAME 6.8 STREET ADDRESS CITY- ST-ZIP 6.9 NAME 6.9 NAM				DELETE	·			 			Change	Addition
City-St-ZiP City-	NAME										- b-	
City-St-ZiP City-	STREET ADDRESS				4.3 \$16	REE LO	ADDRESS					
THE DEETE 5.1 THE Change Addition NAME STREET ADDRESS CITY-ST-ZIP DELETE 5.1 THE 5.2 STREET ADDRESS CITY-ST-ZIP DELETE 6.1 THE Change Addition 6.2 NAME 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY-ST-ZIP 6.4 CHY-ST-ZIP 1.4 To hereby certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with this filing does not qualify the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify the content of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify the content of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify the content of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify the content of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify the content of the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify the content of the exemption stated in Section 119.07(3)(ii).												
STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP ITILE DELETE 61 THE 62 NAME 62 NAME 63 STREET ADDRESS CITY-S1-ZIP 64 CITY-S1-ZIP 14. 1 do hereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied annual report is true and that my signature shall have the same legal officer as if made used or collection.				-DELF1E			• • • • • • • • • • • • • • • • • • • •	1			Change	Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP 10 DELETE 61 TILLE 61 TILLE 62 NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. 1 do hereby certify that the information supplied with this filling 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 find 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 that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under code and that my signature shall have the same legal effect as if made under the code and that my signature shall have the same legal effect as if made under the code and that my signature shall have the same legal effect as if made under the code and that my signature shall have the same legal effect as if made under the code and that my signature shall have the same legal effect as if made under the code and that my signature shall have the same legal effect as if made under the code and that my signature shall have the same shall have the same shall	NAME				5.2 NA	VIE						
NAME STREET ADDRESS CITY-ST-ZIP 14. 1 do hereby certify that the information supplied with this filling 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 supplied with this filling 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 supplied annual report is true and accurate and that my signature shall have the same legal offect as if made used or order that	STREET ADDRESS				5.3 STF	KEEL J	ADDRESS					
NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-ST-ZiP 6.4 City-ST-ZiP 6.4 City-ST-ZiP 14. 1 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 supplied annual report is true and accurate and that my signature shall have the same legal offect as if made usages could that	CITY-ST-ZIP				5.4 CIT	Y - S1	- ZIP					
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CHY-ST-ZIP 6.4 CHY-ST-ZIP 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 supplied annual report is true and accurate and that my signature shall have the same legal offect as if made used or only that	TITLE			DELETE	611111	E		1			Change	Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the	NAME				6.2 NA	ΜE						
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 supplied entity annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that	STREET ADDRESS				6.3 STF	ŒĐ.	ADDRESS					
information indicated on this annual report or supplemental annual report is true and occurate and that my signature shall have the came local effect as if made under eath, 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, Horida Statutes; and that my name	informatio	n indicated on this annual report or	suppleme	ental annual report is t	true and o	COLL	rato am	of that my	a signature shall have the same lea	al offect s	ac if made un	dor oath: that
	I am an of	ficer or director of the corporation	or the rece	piver or trustee empoy	vered to e	(00)	ato this	report a	s required by Chapter 607, Florida	Statutes;	and that my r	аогоаш, пац зате