

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90016 037 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M65595

1. Corporation Name  
RUIZ ELECTRO SERVICE CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
10340 S.W. 37TH ST  
MIAMI FL 33165

Mailing Address  
10340 S.W. 37TH ST  
MIAMI FL 33165

3. Date Incorporated or Qualified  
01/20/1988

4. FEI Number  
65-0022950

Applied For  
Not Applicable

2. Principal Place of Business  
21

2a. Mailing Address  
26

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

City & State  
23

City & State  
28

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

Zip Country  
24 25

Zip Country  
29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUIZ, JORGE C.  
10340 S.W. 37TH STREET  
MIAMI FL 33165

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME RUIZ, JORGE C.  
STREET ADDRESS 10340 S.W. 37TH ST  
CITY-ST-ZIP MIAMI FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (305) 551-9442  
Date Daytime Phone #

CR2E034 (1/198)

0238017