

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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90123 019 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P93000006468**

1. Corporation Name  
**RUIZ OF MIAMI CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1770 NW 183RD ST, MIAMI FL 33056, US  
 Mailing Address: 1770 NW 183RD ST, MIAMI FL 33056, US

3. Date Incorporated or Qualified  
**01/27/1993**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0520953**  
 Applied For: Not Applicable

22. Suite, Apt. #, etc.

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

23. City & State

6. Election Campaign Financing:  **\$5.00** May Be Added to Fees

24. Zip (24) Country (25) Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent  
**RUIZ, MANUEL**  
**650 NE 149 ST**  
**SUITE 209-A**  
**N MIAMI FL 33161**

10. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input type="checkbox"/> DELETE
NAME: RUIZ, MANUEL	
STREET ADDRESS: 650 NE 149 ST #209-A	
CITY-ST-ZIP: N MIAMI FL 33161	
TITLE: S	<input checked="" type="checkbox"/> DELETE
NAME: RUIZ, MARIA	
STREET ADDRESS: 650 NE 149 ST #205-F	
CITY-ST-ZIP: N MIAMI FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE: S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Ruiz, Lourdes	
3.3 STREET ADDRESS: 8821 NW 151st Street,	
3.4 CITY-ST-ZIP: Miami, FL 33018	
4.1 TITLE: T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Ruiz, Francisco	
4.3 STREET ADDRESS: 650 NE 149th Street, # 101A	
4.4 CITY-ST-ZIP: Miami, FL 33161.	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Lourdes Ruiz* DATE: 02/22/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR: Lourdes Ruiz, Secretary  
 Daytime Phone #

CR2E034 (11/98)