

FILE NOW: FILING FEE AFTER MAY 1 IS \$200.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077092 (3)

1. Corporation Name
RUIZ DELIVERY SERVICE, INC.



Principal Place of Business: 729 W 80TH ST HIALEAH FL 33014
Mailing Address: 729 W 80TH ST HIALEAH FL 33014

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 11/08/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0447033
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: RUIZ, JESUS, 729 W 80TH ST, HIALEAH FL 33014

10. Name and Address of New Registered Agent (11-14) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the undersigned, as a duly qualified and registered agent, or both, in the State of Florida. Such change was authorized by the board of directors of the corporation and 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)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, JESUS	1.2 NAME		
STREET ADDRESS	729 W 80TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014	1.4 CITY-ST-ZIP		
TITLE	DST	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, OLGA	2.2 NAME		
STREET ADDRESS	729 W 80TH ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ DATE: 3/31/96

CR2E034 (12/95)