

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

CORPORATION ANNUAL REPORT 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 MAR 28 AM 11:49

DOCUMENT # **P94000043878 (5)**

1. Corporation Name
RUIZ ENTERPRISES #2, INC.

Principal Place of Business Mailing Address
2176 S.W. 4 ST. MIAMI FL 33133 **2176 S.W. 4 ST. MIAMI FL 33133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/13/1994** 3a. Date of Last Report

4. FEI Number: **05-0502973** Applied For: Not Applicable

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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26** **1627 Brickell Ave**
 City & State: **22** **Miami, FL** City, Apt #, etc: **# 2806**
 Zip: **24** **33129** Country: **25** **USA** City & State: **28** **Miami, FL** Country: **29** **USA**

9. Name and Address of Current Registered Agent
NUNEZ, LEANDRO S
2151 LEJEUNE ROAD, SUITE 309A
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85 Zip Code** **FL**

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: D	NAME: NUNEZ, LEANDRO S	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: RUIZ, NELSON
STREET ADDRESS: 2151 LEJEUNE RD., SUITE 309A	CITY, ST, ZIP: CORAL GABLES FL 33134	2. STREET ADDRESS: 1627 Brickell Ave #2806	3. CITY, ST, ZIP: Miami, FL
2. TITLE:	NAME:	4. TITLE:	NAME:
STREET ADDRESS:	CITY, ST, ZIP:	5. STREET ADDRESS:	CITY, ST, ZIP:
3. TITLE:	NAME:	6. TITLE:	NAME:
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5. TITLE:	NAME:	10. TITLE:	NAME:
STREET ADDRESS:	CITY, ST, ZIP:	11. STREET ADDRESS:	CITY, ST, ZIP:
6. TITLE:	NAME:	12. TITLE:	NAME:
STREET ADDRESS:	CITY, ST, ZIP:	13. STREET ADDRESS:	CITY, ST, ZIP:

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee appointed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 1, if changed, on an attachment with an address.

SIGNATURE: *W. Ruiz* *Nelson Ruiz* **3-21-95**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR