

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
97 OCT 20 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000039451
1. Corporation Name
RUIZ LAW CENTRE, INC

Principal Place of Business Mailing Address
**198 NW 37 Avenue
MIAMI, FL 33125**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	5/18/95	1/8/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0651958	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUIZ, JOHN H 198 NW 37 AVE MIAMI, FL 33134		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 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 _____ DATE _____
Signature typed or printed below if registered agent and official applicable (NOTE - Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
D	RUIZ, JOHN	Change	700002328437-8
STREET ADDRESS	1400 ALBERCA ST	-10/23/97--01104--012	
CITY - ST - ZIP	CORAL GABLES, FL	****165.00	****165.00
	33134		
TITLE	NAME	21 TITLE	22 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		23 STREET ADDRESS	24 CITY - ST - ZIP
CITY - ST - ZIP		31 TITLE	32 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	33 STREET ADDRESS	34 CITY - ST - ZIP
		41 TITLE	42 NAME
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP		43 STREET ADDRESS	44 CITY - ST - ZIP
		51 TITLE	52 NAME
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		53 STREET ADDRESS	54 CITY - ST - ZIP
CITY - ST - ZIP		61 TITLE	62 NAME
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	63 STREET ADDRESS	64 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 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 in an attachment with an address

SIGNATURE: John Ruiz 10/9/97 419-0020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)