

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -1 AM 9:54

DOCUMENT # H90361 (7)
1. Corporation Name RUTHE'S PLACE, INC.

Principal Place of Business 600 PAYNE DR. MIAMI SPRINGS FL 33166	Mailing Address 600 PAYNE DR. MIAMI SPRINGS FL 33166
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/17/1985	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2634822	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 S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	
MORRIS, RUTH 600 PAYNE DR. MIAMI SPRINGS FL 33166	

10. Name and Address of New Registered Agent	
81 Name BALWANT Cheema	82 Street Address (P.O. Box Number is Not Acceptable) 10300 Sunset Dr # 135
83	84 City Miami
85 Zip Code 33173	86 State 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 *Balwant Cheema*

6-1-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP
TITLE	NAME	STREET ADDRESS	CITY ST ZIP

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY ST ZIP
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY ST ZIP
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY ST ZIP
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY ST ZIP
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY ST ZIP
61 TITLE	62 NAME	63 STREET ADDRESS	64 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)(b), 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: *Yvonne Pinkie*

5-10-95

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888-4862
884-4861