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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 30 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 365105

(6)

RUTMAL INVESTMENTS, INC.

Lam an officer or director of the appears in Block 12 or Block 13

SIGNATURE:

Principal Place of Business Mailing Address					{ I EURIDA HIHO BIIDI DIFOT HIDII DDIAL BIII	STALL BIBIT STATE OF STATE	IF WINDI WINIO FORD
C/O YVETTE G. MURPHY 1099 PONCE DE LEON BLVD. CORAL GABLES FL 33134-3319  C/O YVETTE G. MURPH 1099 PONCE DE LEON CORAL GABLES FL 33134-3319  CORAL GABLES FL 33134-3319			BLVD.				
					3. Date Incorporated or Qualified 06/04/1970	3a. Date of L 05/01/19	
2. Principal P	lace of Business	2a, Mailing Address 26		I	4. FEI Number 59-1417425		Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & Stat	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5	5.00 May Be dded to Fees
Zip	Country	Zıp	Country		8. This corporation has liability for I	<del></del>	
24	25 Name and Address of Current	[29] Registered Agent	30		Florida Statutes  10. Name and Address of New Re		
		Trogistored regula	81	Name	10. 110110 0110 1001000 01 11011 110	gratarea regard	
MURPHY, YVETTE G. 1099 PONCE DE LEON BLVD.			62				
CON	RAL GABLES FL 33134-3319		83				
			64	City		FL  85	Zip Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was	s authorized by	rthe corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of chango the appointme	ging its registered ant as registered
SIGNATURE							
	Signature Typed or printed name of registered ager OFFICERS AND			int signature requi	red when reinstating)	DATE	OTODO IN 10
12. TITLE	PD OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Ch	
NAME	ALVARADO, MARIO					<u></u>	land ridaison
STREET ADDRESS	1111 GRANDON BLVD.#B1106		1.2 NAME 1.3 STREET	INDDECC			
	MIAMI FL			- 1			
CITY - ST - ZIP TITLE	SD	DELETE	1.4 CITY - S 2.1 TITLE	1-21		☐ Ch	nange Addition
NAME	MURPHY, YVETTE G.	L. Obbett	2.2 NAME				La Caracian
STREET ADDRESS	1099 PONCE DE LEON BLVD		2.3 STREET	ADDRESS			
CHY-ST-ZIP	CORAL GABLES FL		2.4 CITY-5	1			
TITLE		DELETE	3.1 TITLE	31-21		Ch	nange Addition
NAME			3.2 NAME	•			
STREET ADDRESS			3.3 STREET	AMARECC			
CITY - ST - ZIP			3.4. CITY-5	1			
TITLE		DELETE	4.1 TITLE	11-2"		☐ Ch	nange Addition
NAME		_	4.2 NAME				•
STREET ADDRESS			4.3 STREET	AMMRECC			
CITY - S1 - ZIP			4.4 CITY-S	·			
TILE		DELETE	5.1 TITLE	' 4"	***	☐ Ch	nange Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY - ST - ZIF			5.4 CITY-S				
TITLE		DELETE	6.1 TITLE	1-415		☐ Ch	nange Addition
NAME			6.2 NAME				
			6.3 STREET	ADDRESS			
STREET ADDRESS			0.3 STREET	ADDITION			

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 applied 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 proporation or the receiver of this tee empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 tychil or or in nattacture in the receiver of the receiver

FFICER OR DIRECTOR