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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 552815 (3)

**FILED** Feb 19 1998 8:00am Secretary of State

RULY (	MOTORS, INC.							4	
Principal Place of Business Mailing Address						r (estat stiet ettes tiest telet men i		1811 Athlé 4801	
1362 NW 36 STREET 4380 S W 2 STREET								** **	
MIAMI FL 33142 MIAMI FL 33134						DO NOT WRITE I	N THIS SPACE		
US						3. Date Incorporated or Qualified	THO GI FICE	<del></del>	
						11/21/1977			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	1 1/	Applied For	
21	•	26				59-1777201	<del></del>	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					□ \$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee F	DeriupeF	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
13		28				Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Zip Countr			8. This corporation owes or has paid	I the current year in		
24	25 29 30		30			Personal Property Tax due June 3		□ No □	
<del></del>	g. Name and Address of Curren	t Registered Agent		81 1	Mana	10. Name and Address of New Regi	stered Agent		
	IBIO, MARIA C			°'  '	Name				
4380 S W 2ND ST				82	Street Addres	ress (P.O. Box Number is Not Acceptable)			
• Mi	AMI FL 33134		-	63					
				63					
6			ļ	84 (	City		FL 85 Zip	Code	
dd Discussion	to the arradians of Castions CO2 OCO	and CO7 1500. Florida Ctatuda	s the ab	1	amad aaraa	ation submits this statement for the sur		ito registered	
office or i	registered agent, or both, in the State	et Florida. Such change was a	es, the ac uthorized	by th	he corporation	ation submits this statement for the pun's board of directors. I hereby accept	the appointment a	s registered	
agent. La	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statu	utes.					
SIGNATURE	Signature, typed or printed name of registered ager	at and title if socileable /highs	Posistored	Agostic	signature required	udeo coinetation)	DATE		
12.	OFFICERS AND		13.	- Source	arginatore required	ADDITIONS/CHANGES TO OFFICE		RS IN 12	
TITLE			1.1 TIT	LE			☐ Change		
NAME	RUBIO, RAUL A		1.2 NAME						
STREET ADDRESS	4380 S W 2ND ST		1.3 STREET ADDRE		IDRESS			1	
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY+ST-ZIP		ZIP				
TITLE	ŠT	DELETE	2.1 TIT				☐ Change	☐ Addition	
NAME	RUBIO, MARIA C		2.2 NA	ME					
STREET ADDRESS	4380 S W 2ND ST			REET AD	DRESS				
CITY-ST-ZIP	\$414.14 P/ 40440		2.4 (0)	TY-\$T-	ZIP				
TITLE			3.1 TIT				Change	Addition	
NAME	3.21		3.2 NA	ME					
STREET ADDRESS			3.3 STF	REET AD	DRESS			ļ	
CITY-ST-ZIP			3.4. CI	ry-st-	ZIP				
TITLE		DELETE	4.1 TiT	LE			☐ Change	☐ Addition	
NAME			4. 2 NA	ME				ľ	
STREET ADDRESS			4.3 STF	REET AD	DRESS				
CITY-ST-ZIP			4.4 CITY - S		ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REET AD	ORESS				
CITY-ST-ZIP	5.4		5.4 CIT	Y-ST-Z	ZIP				
TITLE		DELETE	6.1 TITI	LE			☐ Change	Addition	
NAME			6.2 NAI	ME					
STREET ADDRESS			6.3 STF	REET ADI	ORESS				

14. 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 on an attachment with an address.

6.4 CITY-ST-ZIP

2/12/18