

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:43

DOCUMENT # F97645 (8)

1. Corporation Name

RULOP CORPORATION

Principal Place of Business

4600 S. STATE RD 7
FT. LAUDERDALE FL 33314

Mailing Address

4600 S. STATE RD 7
FT. LAUDERDALE FL 33314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1982

3a. Date of Last Report

03/17/1994

4. FEI Number

59-2283770

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

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(3)(2),
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOPEZ, TOMAS
6401 JOHNSON ST
HOLLYWOOD FL 33024

10. Name and Address of Now Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(If 11) Registered Agent signature required when changing up

(If 11)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
LOPEZ, TOMAS
6401 JOHNSON ST
HOLLYWOOD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD
LOPEZ, JUAN R.
6401 JOHNSON STREET
HOLLYWOOD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD
LOPEZ, SUSANA J.
6401 JOHNSON STREET
HOLLYWOOD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199(7)(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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *X Tomas Lopez*

SIGNATURE AND TYPED OR PRINTED NAME OF WINNING OFFICER OR DIRECTOR

01/12/95 305-791-2428