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 JUN -1 AM 9:54

DOCUMENT # **H90361** **(7)**

1. Corporation Name
RUTHIE'S PLACE, INC.

Principal Place of Business	Mailing Address
600 PAYNE DR. MIAMI SPRINGS FL 33166	600 PAYNE DR. MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21: Suite, Apt. #, etc. 22: City & State 23: Zip 24: Country 25
2a. Mailing Address 26: Suite, Apt. #, etc. 27: City & State 28: Zip 29: Country 30

4. FEI Number: **59-2634922** ☐ 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 # 195
83:
84 City: Miami FL 85 Zip Code: 33173

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
(Signature, typed or printed name of registered agent and title if applicable) (Required) (Registered Agent signature required when name altered) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	☐ Change ☐ Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY ST ZIP		14 CITY ST ZIP	
TITLE		21 TITLE: President	☐ Change ☒ Addition
NAME		22 NAME: Yvonne Pinheiro	
STREET ADDRESS		23 STREET ADDRESS: 600 Payne Drive	
CITY ST ZIP		24 CITY ST ZIP: Miami Springs 33166	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(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.

SIGNATURE: Yvonne Pinheiro 5-10-95 305 888-4862 888-4861
(SIGNATURE AND TYPED OR PRINTED NAME OF A NAMED OFFICER OR DIRECTOR) (Date) (Telephone Number)

0180094 CP