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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K63098

(3)

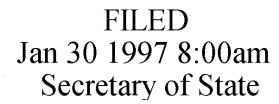
RUIZ ENTERPRISES, INC.

Principal Place of Business 1627 BRICKELL AVE #2806

MIAMI FL 33129

Mailing Address

1627 BRICKELL AVE #2806 MIAMI FL 33129-1252





3 Date Incorporated or Qualified 3. Date of Last Report

						02/03/1989	02/03/1989 04/16/19				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For		
21		26				65-0156616		No	t Applicable		
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A			
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip				intry		····					
24	25	29	30	,		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
9. Name and Address of Current Registered Agent				Γ	10. Name and Address of New Registered Agent						
NUNEZ, LEANDRO S					81 Name						
2151 LE JEUNE ROAD SUITE 309A					82 Street Address (P.O. Box Number is Not Acceptable)						
					82 Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134						, , , , , , , , , , , , , , , , , , ,	·		*****		
COINE GABLES I E 00107											
				84	City		FL	85 Zip (Jode		
11. Pursuant to the previsions 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, typic or protect agent and to ell applicable. INOTE: Registered Agent signature required when reinstating). DATE											
12.		ID DIRECTORS	13.	o Agei	iii signature t	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12		
TOTALE				1.1 TITLE		7155715-15151 111100 10 01 10	2.107410	☐ Change	Addition		
NAME	RUIZ, NELSON		1.2 N/		1						
STREET ADDRESS	1627 BRICKELL AVE #2806			-	address						
	MIAMI FL										
CHY-ST-ZIP TITLE	DELETE			1.4 CITY - ST - ZIP 2.1 TITLE			***************************************	Change	Addition		
NAME				2.2 NAME				The state of the s			
STREET ADDRESS					ADDRESS	4.5					
			2. 4 CITY - ST - ZIP								
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STREET ADDRESS					ADDRESS						
CITY - ST - ZIP				(TY-\$1							
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NAME			5.2 N			•					
STREET ADDRESS					ADDRESS						
				ITY-S							
CITY - ST - 7IP Title		☐ DELETE	6.1 TI		1-11			Change	Addition		
NAME			6.2 N								
STREET ADORESS					ADDRESS		1				
CITY - \$1 - ZIP	L		■ 6.4 C	ITY-S	1-712	40.02/07/1 51-51-0			-:		

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 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 13 if changed, or on an attachment with an address.

SIGNATURE: