

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

FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L01990** (5)

1. Corporation Name
RUTA, INC.



Principal Place of Business

**10101 COLLINS AVE.
 SUITE 11F
 BAL HARBOUR FL 33154
 US**

Mailing Address

**10101 COLLINS AVE.
 SUITE 11F
 BAL HARBOUR FL 33154-1656
 US**

3. Date Incorporated or Qualified
07/14/1989

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 **10101 COLLINS Ave**

2a. Mailing Address

26 **10101 COLLINS Ave**

4. FEI Number
65-0165683

Applied For
 Not Applicable

22 **11 F**

27 **11 F**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **BAL Harbour Fla**

28 **BAL Harbour Fla**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33154**

Country

29 **33154**

Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**TACHER, ELIAS
 88-77 COLLINS AVENUE
 APT. #1001
 SURFSIDE FL 33154**

10. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, ELIAS	1.2 NAME	
STREET ADDRESS	10101 COLLINS AVE., SUITE 11F	1.3 STREET ADDRESS	
CITY- ST- ZIP	BAL HARBOUR FL	1.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, PERLA	2.2 NAME	
STREET ADDRESS	10101 COLLINS AVE., STE. 11F	2.3 STREET ADDRESS	
CITY- ST- ZIP	BAL HARBOUR FL	2.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TACHER, DAVID	3.2 NAME	
STREET ADDRESS	10101 COLLINS AVE., SUITE 11F	3.3 STREET ADDRESS	
CITY- ST- ZIP	BAL HARBOUR FL	3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 included 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: *Perla Tacher* 3/20/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)