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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300004779

RUDY'S HOME IMPROVEMENT CORPORATION

							٠
Principal Place	e of Business	Mailing Address				C 18811681 HE 1818 HIN SHILL S	
11899 S.W. 5TH STREET MIAMI FL 33184		12040 SW 181 ST					
		MIAMI FL 33177				DO NOT WRITE IN THIS SPACE	
		US				3. Date Incorporated or Qualifed	
						01/21/1993	
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26			65-039 1943 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				_ \$8.75 Additional	
22		27				5_Certifcate of Status Desired Fee Required	===
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip Country		Zip				8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent		04	Name	10. Name and Address of New Registered Agent	
₽∩D	RIGUEZ, RODOLFO JR			81	Name		
	99 S.W. 5TH STREET			82	Street Addre	ress (P.O. Box Number is Not Acceptable)	
	Wi FL 33184			83			
1710-3				83			
				84	City	FL 85 Zip Code	
		0 COZ 4500 Florida Pto:	tutaa tha s	per.	named corn	poration submits this statement for the purpose of changing its registered	
office or r	egistered agent or both in the State.	of Florida. Such change was	authorize	ı va c	he corporation	on's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	-lorida Stat	utes.			
SIGNATURE	Signature, typed or printed name of registered ager	ot and title if applicable (NC	TF: Registere	I Agent	signatura required	ed when reinstating) DATE	_
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	Q,
TITLE	PD	☐ DELETE 1.1 π		TLE		☐ Change ☐ Addition	7
NAME	RODRIGUEZ, RODOLFO JR		1.2 NA				5
STREET ADDRESS 11899 S.W. 5 ST.			1.3 STREET ADDR		ADDRESS		Ĺ
CITY-ST-ZIP	MIAMI FL 33184		1.4 CIT)		-ZIP		ģ
TITLE	S	DELETE.	2.1 T	πLE		☐ Change ☐ Addition	(
NAME	GALAN, MANUEL P		2.2 N	AME			ı
STREET-ADDRESS	=18927-NW-63-CIRCUS-LN		.2.3 \$	TREET.	ADDRESS.		
CITY-ST-ZIP	MIAMI FL		2.40	my-st	r-zip		i
TITLE		DELETE 3.1		ITLE		Change Addition	i
NAME	,		3.2 N	AME			
STREET ADDRESS			3.3 S	TREET	ADDRESS		
CITY-ST-ZIP			3.4. 0	ITY-ST	r-ZIP		
TITLE		☐ DELETÉ	4.1 T	MLE		☐ Change ☐ Addition	ı
NAME			4.21	IAME			ı
STREET ADDRESS			4.3 S	TREET	ADDRESS	ļ	ı
CITY-ST-ZIP			4.4 0	ITY-ST	-ZiP	1	
TITLE							
NAME		☐ DELETE	5.1 T			☐ Change ☐ Addition	l
		☐ DELETE		ITLE AME		☐ Change ☐ Addition	
STREET ADDRESS		☐ DELETE	5.2 N 5.3 S	ame Treet	ADDRESS	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			5.2 N 5.3 S 5.4 C	AME TREET			
		☐ DELETE	5.2 N 5.3 S 5.4 C 6.1 T	AME TREET ITY-ST		Change Addition	
CITY-ST-ZIP			5.2 N 5.3 S 5.4 C 6.1 T 6.2 N	AME TREET ITY-ST ITLE AME			

I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90100 043 ***150.00