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

PROFIT CORPORATION ANNUAL REPORT

1996



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

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SIGNATURE:

P93000068403 (3)

SWATETURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **RUIZMILL CORPORATION**

	e of Business	Meiling Address			
		Mailing Address			
10560 NW 2 #102	27 ST	10560 NW 27TH ST #102			
MIAMI FL 3	13155	MIAMI FL 33155			
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report
O Filipping D	ੇਕਟਰ of Business			10/01/1993	04/06/1995
2. Frincipal P	nace of flushess	2a. Mailing Address		4. FEI Number 65-0439867	Applied For
≛". Suite Apt.	. # etc	Suite, Apt. #, etc.		03 0439007	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζψ	Country	Zip	Country	8. This corporation has liability or in	
24	[25]	29	30		□No
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Ro	egistered Agent
			81 Name		
RUIZ, Z			82 Street Addre	ess (P.O. Box Number is Not Acceptabl	е)
	NW 27TH ST				
#102	F1 00470		83		
MIAMI	FL 33172		84 City		85 Zip Code
44 Flansions	Total a contraction of Color, the 60% of	\$00 607 4500 Florida Out			FL   Co
or registe	ered agent, or both, in the State of f	Horida. Such change was authoriz	ed by the corporation's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of changing its registered office intment as registered agent. I am
familiar w	vitn, and accept the obligations of, S	Section 607.0505, Florida Statutes	5.		C D
SIGNATURE	Signal are typical or practice that is of regulatered a	non-service to the service of the se	SEE PRINCIPAL MARKET AND THE		C. Aller
12.		AND DIRECTORS	TE Registered Agent signature renuired  13.	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
'nti	PSTV	DELETE	1. 1 TITLE	7 Strictes of Artago 10 G(1)	Change Addition
NAM:	RUIZ, ZULLY		1.2 NAME		
\$TREET ADDRESS	44044 1841 40511 45	)2	1.3 STREET ADDRESS		
0.HY - \$1 - 216	MIAMI FL	-	1.4 C(1) Y - ST - Z(P		
`ili <i>i</i>	D	DELETE	2 1 TITLE		Change Addition
N/M"	Ruiz, Zully		2.2 NAME		
STREET ADORESS	10560 NW 27TH ST., #10	)2	2 3 STREET ADDRESS		
Qh SI-Zir	MIAMI FL		2 4 CITY - ST - ZIP		
7111.7		☐ DEFEIE	3 1 TITLE		Change Addition
ĶķΨ.			3.2 NAME		
STREET ADORESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4 CITY - ST - ZIP		
THE		☐ DELETE	4 1 TIFLE		Change Addition
NAM;			4.2 NAME		
STREET ADORESS			4 3 STREET ADDRESS		
CHY ST-ZIP		□ DELETE	4.4 City-St-ZiP		
TOLE NAME			5 1 TITLE		Change Addition
			5.2 NAME		
STREET ADDRESS CGY ST ZP			5.3 STREET ADDRESS		
THE		DELETE	5 4 CITY-ST-ZIF 6 1 TITLE		Change
NAME:			6.2 NAME		El suguido El reputibil
STREET ADDRESS			6.3 STREET ADDRESS		
City - \$1 - 7:P			64 Cify-St-ZiP		
14. I do here	to by certify that the information suppl	ied with this filing is voluntarily fun	nished and does not qualify for	or the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further
certify the oath; tha	al the information indicated on this :	annual report or supplemental ann orporation or the receiver or truste	nual report is true and accura- se empowered to execute this	te and that my signature shall have the sreport as required by Chapter 607, Flo	eama lacal affect se if made under

591-3700