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CORPORATION **ANNUAL REPORT** 

1998

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ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000077092 (3) **DOCUMENT** # 1. Corporation Name

RUIZ DELIVERY SERVICE, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 729 W 80TH ST 729 W 80TH ST HIALEAH FL 33014 HIALEAH FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/08/1993 2. Principal Place of Business 2a. Mailing Address ▲ FEI Number Applied For 21 Not Applicable 26 65-0447033 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Źφ Country Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes 29 25 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RUIZ. JESUS 729 W 80TH ST 82 Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33014 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and lifte if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 Title Change Addition RUIZ. JESUS NAME 1.2 NAME 729 W 80TH ST STREET ADDRESS 1.3 STREET ADORESS HIALEAH FL 33014 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Addition Change TITLE DST 2.1 TITLE RUIZ, OLGA NAME 22 NAME 729 W 80TH ST STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 

14. Thereby 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 arrural 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:

305-624-4228-0