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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000048695 (8)

RUEN DETIRO INC

Principal Place of Business	Mailing Address	
9462 SW 39TH ST. MIAMI FL 33165	9462 SW 39TH ST. Miami Fl 33165	
2. Principal Place of Business	28. Mailing Address	
21	26	

FILED Mar 02 1998 8:00am Secretary of State

DOEN	NETINO: INC.						
Principal Plac	ce of Business	Mailing Addres	s				DI 101 6 31 0 31 0 6 1 6 1 40
9462 SW 391 MIAMI FL 33		9462 SW 39TH MIAMI FL 3316					
						DO NOT WRITE IN THIS	SPACE
						3. Date Incorporated or Qualified	
6 Data da 1 F	Name of Discourse	90 14-91- 6-44				06/29/1994	
· ·	Place of Business	2a. Mailing Add	ress			4. FEI Number	Applied For
Suite, Apt.	# alc	26 Suite, Apt. #	oto			65-0502290	Not Applicable
22 2011e, Apr.	. #, G IC.	27 Suite, Apr. 4	, OLG.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	te	City & State				6. Election Campaign Financing	
23	••	28				Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country	,	8. This corporation owes or has paid the cu	
24	25	29	30	}			Yes No
<u> </u>	9. Name and Address of			<u>' </u>		10. Name and Address of New Registered	
GC	NZALEZ, BLANCA	· · · · · · · · · · · · · · · · · · ·		81	Name		
	1 SW 73RD AVE			82	Stroot Adv	dress (P.O. Box Number is Not Acceptable)	
	AMI FL 33144			اعدا	Street Aut	dress (F.O. Box Multiper is Not Acceptable)	
				83			
					-		
				84	City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Flori	da Statutes, t	the above	e-named co	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	changing its registered
office or t	registered agent, or both, in the am familiar with, and accept the	e State of Florida. Such char e obligations of Section 607	ige was authi 0505, Elorida	orized by Statutes	the corpora	ation's board of directors. I hereby accept the app	pointment as registered
1	arri Marina William Color Dis	o abrigations of accitor cor	.0500, 1101100	2 01410101	,		
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if applicable.	(NOTE: Re	nistered Age	nt signature requ	uired when reinstating) DATE	
12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DP	□ D	ELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	GONZALEZ, BLANCA			1.2 NAME			
STREET ADDRESS	561 SW 73RD AVE		J	1.3 STREET	address		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-S	T-ZIP		
TITLE		□ D	ELETE	2.1 TITLE			☐ Change ☐ Addition
NAME				2.2 NAME	ĺ		
STREET ADDRESS			j	2.3 STREET	ADDRESS		
CITY-ST-ZIP				2.4 CITY-5	ST - ZIP		
TITLE		□ D	LETE	3.1 TITLE			Change Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET	ADDRES\$		
CITY-ST-ZIP				3.4. C/TY-S	ST-ZIP		
TITLE		□ Di	LETE	4.1 TITLE			Change Addition
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY - S	1-ZIP		
TITLE		D	LETE	5.1 TITLE		·	Change Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY - S	T-ZIP		_
TITLE		□ Di	LETE	6.1 TITLE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET.	ADDRESS		
CITY-ST-7/P				6.4 CiTY+S1	. 200		

14. 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.