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95 JUL -3 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000055542 (2)**

1. Corporation Name
RENE RUIZ, CORP.

Principal Place of Business Mailing Address
2426 PONCE DE LEON #208 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/27/1994** 3a. Date of Last Report

4. FEI Number Applied For Not Applicable

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

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

7. This corporation has liability for intangible tax under C. 199.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent

**RUIZ, PABLO R
2426 PONCE DE LEON
#208
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (Signature, typed or printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when incorporating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	0
NAME	RUIZ, PABLO R
STREET ADDRESS	2426 PONCE DE LEON #208
CITY, ST, ZIP	CORAL GABLES FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/TRESURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pablo R. Ruiz
1.3 STREET ADDRESS	3790 W 8th Lane
1.4 CITY, ST, ZIP	Hialeah FL 33012
2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	REYNALDO BERMUDEZ
2.3 STREET ADDRESS	4240 S.W. 35th Terrace
2.4 CITY, ST, ZIP	MIAMI FL 33155
3.1 TITLE	VICE PRESIDENT/SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JESUS CUETA
3.3 STREET ADDRESS	3790 W 8th Lane
3.4 CITY, ST, ZIP	Hialeah FL 33012
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	8/7/95
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information reflected in this annual report or suspension/initial 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 in an attachment with an address.

SIGNATURE: **X** _____ (Signature and typed or printed name of officer or director) **8/7/95** **445-2352**