

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000012270 (1)**

1. Corporation Name
RULX ENTERPRISES, INC.



Principal Place of Business: **207 NE 82ND ST MIAMI FL 33138**
Mailing Address: **207 NE 82ND ST MIAMI FL 33138**

3. Date Incorporated or Qualified: **02/13/1995** 3a. Date of Last Report
4. FEI Number: **65-0558006** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [] 2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 22 [] Suite, Apt. #, etc.: 27 []
City & State: 23 [] City & State: 28 []
Zip: 24 [] Country: 25 [] Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent

**JEROME, RULX
207 NE 82ND ST
MIAMI FL 33138**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | DP JEROME, RULX 207 NE 82ND ST MIAMI FL 33138 | 1. TITLE | |
| NAME | | 2. NAME | |
| STREET ADDRESS | | 3. STREET ADDRESS | |
| CITY-ST-ZIP | | 4. CITY-ST-ZIP | |
| TITLE | DTS JEROME, LESLY 207 NE 82ND ST MIAMI FL 33138 | 5. TITLE | |
| NAME | | 6. NAME | |
| STREET ADDRESS | | 7. STREET ADDRESS | |
| CITY-ST-ZIP | | 8. CITY-ST-ZIP | |
| TITLE | | 9. TITLE | |
| NAME | | 10. NAME | |
| STREET ADDRESS | | 11. STREET ADDRESS | |
| CITY-ST-ZIP | | 12. CITY-ST-ZIP | |
| TITLE | | 13. TITLE | |
| NAME | | 14. NAME | |
| STREET ADDRESS | | 15. STREET ADDRESS | |
| CITY-ST-ZIP | | 16. CITY-ST-ZIP | |
| TITLE | | 17. TITLE | |
| NAME | | 18. NAME | |
| STREET ADDRESS | | 19. STREET ADDRESS | |
| CITY-ST-ZIP | | 20. 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)(k), 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.

SIGNATURE: *Jerome Rulx* 3-19-96 305-754-1330
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)