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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

Principal Place of Business

P95000084957 (6)

RUIZ & CO., P.A.

Mailing Address

FILED May 06 1998 8:00am Secretary of State



1665 WEST (88 STREET. STE# 206 33014	1665 WEST 68 STREET. HIALEAH FL 33014	1665 WEST 68 STREET. STE# 206 HIALEAH FL 33014			DO NOT WRITE IN THE	20405	
						DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified	SPACE	
}						11/06/1995		
2. Principal P	lace of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	$\overline{}$	Applied For
21		 1	26			65-0617676		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	4 			SR 75 Additional		
22		27	27			5. Certificate of Status Desired		Required
City & State		City & State	City & State			6. Election Campaign Financing	\$5.	00 May Be
23		28	·			Trust Fund Contribution		led to Fees
Zip	Country	Zφ	Count	iry		B. This corporation owes or has paid the cur		r Intangible
25 29 9, Name and Address of Current Registered Agent			30				Yes	∐ No
		Current Registered Agent		ii	Name	10. Name and Address of New Registered	Agent	
RUIZ, OSCAR W 1665 West 68 Street, Ste# 206								
	E# 206	8	82 Street Address (P.O. Box Number is Not Acceptable)					
ערז	NLEAH FL 33014		ä	3				
			8	4	City	FL	85 Z	Zip Code
OTTICE OF FE	egi ste rea agent, or both, in th	ie State of Florida. Such chan ce wa s a	authorized i	לו עם	named co	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appr	<u> </u>	ng its registered
agent. Lai	m familiar with, and accept th	e obligations of, Section 607.0505, Flo	orida Statut	es.	•			
SIGNATURE	Signature, type a or printed harne of ring:	100 1 100 100 100 100 100 100 100 100 1						
12.		RS AND DIRECTORS	13.	geni:	signature requ	ADDITIONS/CHANGES TO OFFICERS AND	DIDECT	ODE IN 10
TITLE	P	DELETE	1.1 TITLE			ADDITIONS/CHAINGES TO OFFICERS AIND	Chang	
NAME	RUIZ, OSCAR W		1.2 NAME					
STREET ADDRESS	1665 WEST 68 STREE	T, STE# 206	1.3 STREET ADDRESS		ODRESS			
CiTY+ST-ZIP	HIALEAH FL 33014	•	1.4 CITY	-81-7	ZIP			
TITLE	DELETE 2.1						Chang	ge Addition
NAME	2.7		2.2 NAM	2.2 NAME		• •		
STREET ADDRESS			2.3 STRE	2.3 STREET ADDRESS				
CITY-ST-ZIP				2 4 CHY-ST-ZIP				
TITLE	DELETE			3 1 TITLE			Chang	ge Addition
NAME			3 2 NAM	E				
STREET ADDRESS			3.3 STAE	et ad	IDRESS			
CITY-ST-ZIP				3 4. City-St-ZiP				
TITLE		☐ DELETE	4.1 TITLE				☐ Chang	ge L Addition
NAME			4. 2 NAM					
STREET ADDRESS			4.3 STRE					1
CITY-ST-ZIP TITLE		DELETE	4.4 C(1)		ZIP.		Char.	
		f"') OCTUE	5.1 TITLE				Chang	ge 🔲 Addition
NAME CTREET ADDRESS			5.2 NAMI					1
STREET ADDRESS	,		5.3 STRE					
CITY-ST-ZIP TITLE	1	DELETE	5.4 CITY 6.1 TITLE		<u> </u>		Chang	ne Addition
NAME	•	La Dittil	6.1 HILE				onang	to The Manigoria
STREET ADDRESS			6.3 STRE		inorce			ŀ
CITY-ST-ZIP			6.4 CITY		- 1			
dd I barabi a	Sortify that the information cumplied with 200 fills a data and add to the			- 51 - 2	ur lateratio	06 440.07(0)6) Fi1404		

This filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the information is a first successful and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or or trusting empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in indicated on this annual report or suppleme officer or director of the corporation or the Block 12 or Block 13 if changed, or on a a