

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000097737 (7)**

1. Corporation Name

**EDUARDO R. RUIZ DELIVERY INC.**



Principal Place of Business

Mailing Address

**3170 SW 8 STREET #J904  
 MIAMI FL 33135**

**3170 SW 8 STREET #J904  
 MIAMI FL 33135**

3. Date Incorporated or Qualified: **12/28/1995**  
 3a. Date of Last Report: **N/A**

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUIZ, EDUARDO R  
 3170 SW 8 STREET #J904  
 MIAMI FL 33135**

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

Signature of the person making this statement (agent and the filer only)

(NOTE: Registered Agents who are not individuals should not sign)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PVST**  DELETE  
 NAME: **RUIZ, EDUARDO R**  
 STREET ADDRESS: **3170 SW 8 STREET #J904**  
 CITY-ST-ZIP: **MIAMI FL 33135**

11 TITLE:  Change  Addition  
 12 NAME:  
 13 STREET ADDRESS:  
 14 CITY-ST-ZIP:  Change  Addition

TITLE: **D**  DELETE  
 NAME: **RUIZ, EDUARDO R**  
 STREET ADDRESS: **3170 SW 8 STREET #J904**  
 CITY-ST-ZIP: **MIAMI FL 33135**

21 TITLE:  Change  Addition  
 22 NAME:  
 23 STREET ADDRESS:  
 24 CITY-ST-ZIP:  Change  Addition

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

31 TITLE:  Change  Addition  
 32 NAME:  
 33 STREET ADDRESS:  
 34 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

41 TITLE:  Change  Addition  
 42 NAME:  
 43 STREET ADDRESS:  
 44 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

51 TITLE:  Change  Addition  
 52 NAME:  
 53 STREET ADDRESS:  
 54 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

61 TITLE:  Change  Addition  
 62 NAME:  
 63 STREET ADDRESS:  
 64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Eduardo R Ruiz*

**EDUARDO R. RUIZ**

**6/17/96**

**649-5583**

SIGNATURE OF THE PERSON MAKING THIS STATEMENT (AGENT AND THE FILER ONLY) OR REGISTERING OFFICER OR DIRECTOR

Display Phone #

CR2E034 (3/96)