




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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 96000025627 (6) 1. Corporation Name WILL RUTH ENTERPRISE INC			
Principal Place of Business 8600 SW 133 AVE # 311 MIAMI, FL. 33183		Mailing Address 8500 SW 133 Ave #311 MIAMI, FL. 33183	
2. Principal Place of Business 21 8500 SW 133 Ave. Suite, Apt. #, etc. 22 311 City & State 23 MIAMI, FL Zip 24 33183		2a. Mailing Address 26 8500 SW 133 Ave. Suite, Apt. #, etc. 27 311 City & State 28 MIAMI, FL Zip 29 33183	
3. Date Incorporated or Qualified 3/22/95		3a. Date of Last Report 	
4. FEI Number 65-0655444		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent DAZZA WILLIAM 8500 SW 133 Ave #311 MIAMI, FL. 33183		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8500 SW 133 AVE #311 83 84 City MIAMI FL 85 Zip Code 33183	
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 reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE PO <input type="checkbox"/> DELETE NAME DAZZA WILLIAM STREET ADDRESS 8500 SW 133 Ave. #311 CITY-ST-ZIP MIAMI, FL. 33183		13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.2 TITLE VS <input type="checkbox"/> DELETE NAME HINCA PIE CARMEN R. STREET ADDRESS 8500 SW 133 Ave. #311 CITY-ST-ZIP MIAMI, FL. 33183		13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	
12.3 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	
12.4 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	
12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP	
12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP	
12.7 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP	
12.8 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP	
12.9 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP	
12.10 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP	
12.11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-ST-ZIP	
12.12 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-ST-ZIP	
12.13 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-ST-ZIP	
12.14 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-ST-ZIP	
12.15 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-ST-ZIP	
12.16 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-ST-ZIP	
12.17 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.65 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-ST-ZIP	
12.18 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.69 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-ST-ZIP	
12.19 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.73 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-ST-ZIP	
12.20 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.77 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-ST-ZIP	
12.21 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.81 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-ST-ZIP	
12.22 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.85 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-ST-ZIP	
12.23 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.89 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-ST-ZIP	
12.24 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.93 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-ST-ZIP	
12.25 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13.97 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.98 NAME 13.99 STREET ADDRESS 14.00 CITY-ST-ZIP	
14. I do 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			
SIGNATURE: 		Date 4/11/97 Daytime Phone #	

CR2E034 (9/96)