

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90246 005 ***158.75

DOCUMENT # P98000056467

1. Corporation Name
RUBY TRANSPORTATION SERVICE INC.

Principal Place of Business
5230 SW 117TH TERRACE
COOPER CITY FL 33330-4238

Mailing Address
5230 SW 117TH TERRACE
COOPER CITY FL 33330-4238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/24/1998

4. FEI Number
65-0844680

Applied For
Not Applicable

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

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ECHAVARRIA, JAIME
5230 SW 117TH TERRACE
COOPER CITY FL 33330-4238

81 Name COO, ANGEL
82 Street Address (P.O. Box Number is Not Acceptable)
16225 SW 16 STREET
83
84 City PEMBROKE PINES FL 85 Zip Code 33027

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]* COO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME ECHAVARRIA, JAIME
STREET ADDRESS 5230 SW 117TH TERRACE
CITY-ST-ZIP COOPER CITY FL 33330-4238

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME COO, ANGEL
1.3 STREET ADDRESS 16225 SW 16 STREET
1.4 CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE V ☐ DELETE
NAME RUFINO, LUIS
STREET ADDRESS 5230 SW 117TH TERRACE
CITY-ST-ZIP COOPER CITY FL 33330-4238

2.1 TITLE S ☐ Change ☒ Addition
2.2 NAME RUFINO, RAMON L.
2.3 STREET ADDRESS 7401 NW 16 STREET APT 14
2.4 CITY-ST-ZIP PLANTATION, FL 33313

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME RUFINO, LUIS J.
3.3 STREET ADDRESS 2750 NE 214 ST.
3.4 CITY-ST-ZIP AVENTURA, FL. 33180

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME ECHAVARRIA, JAIME
4.3 STREET ADDRESS 230-174 STREET APT 1401
4.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL. 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME RUFINO, HOMERO D.
5.3 STREET ADDRESS 7401 NW 16 STREET APT 10V
5.4 CITY-ST-ZIP PLANTATION, FL 33313

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME AMEZQUITA, LUIS J.
6.3 STREET ADDRESS 16225 SW 16 STREET
6.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33027

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* COO/PRESIDENT 01-19/99 (305) 931-0887
DATE Daytime Phone #

0009321

CR2E034 (1/198)