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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S83109** (6)

1. Corporation Name  
**RUTH DAVID OF POMPANO, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business  
**RUTH DAVID  
1291 SOUTH POWERLINE RD  
POMPANO BEACH FL 33069  
US**

Mailing Address  
**% BONILLA ENTERPRISE  
3731 NW 9 AVE  
POMPANO BCH FL 33064  
US**

3. Date Incorporated or Qualified  
**09/13/1991**

3a. Date of Last Report  
**02/25/1994**

4. FEI Number  
**65-0290202**

Applied For  
 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** *Bonilla Enterprise, Inc.*

Suite, Apt. #, etc.  
**27** *895 W 18th ST*

City & State  
**28** *Hialeah, FL*

Zip  
**29** *33010*

Country  
**30**

9. Name and Address of Current Registered Agent

**BONILLA, MARILYN  
LAW OFFICES OF ELIZABETH ATHANASAKOS  
1800 NE 26TH STREET  
FORT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when applicable) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
BONILLA, PAUL, JR.  
15800 WEST PRESTWICK PLACE  
MIAMI LAKES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DST  
BONILLA, MARIA  
15800 WEST PRESTWICK PLACE  
MIAMI LAKES FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP  
BONILLA, RICHARD  
3731 NW 9TH AVENUE  
POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
**VP  
Richard Bonilla**

3.3 STREET ADDRESS  
**895 W 18 ST**

3.4 CITY-ST-ZIP  
**Hialeah, FL 33010**

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 change or addition is indicated.

SIGNATURE: *Paul Bonilla*  
DATE: *2-27-95* 3058870877