

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # J10071 (5)**  
1. Corporation Name  
**RUBEN'S CUBANS, INC.**



Principal Place of Business Mailing Address  
**10220 28TH STREET  
TAMPA FL 33612** **10220 28TH STREET  
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **13304 Lake George LN** 26 **13304 Lake George LN**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Tampa, Florida** 27 **Tampa, Florida**  
City & State City & State  
23 **33618** 28 **33618**  
Zip Country Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
**04/17/1986**  
4. FEI Number **59-2669460** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**CALLES, RUBEN** 81 Name  
**10220 N. 28TH ST.** 82 Street Address (P.O. Box Number is Not Acceptable)  
**TAMPA FL 33612** 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, 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 NAME ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition  
NAME 1.2 NAME  
STREET ADDRESS 1.3 STREET ADDRESS  
CITY-ST-ZIP 1.4 CITY-ST-ZIP  
TITLE NAME ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition  
NAME 2.2 NAME  
STREET ADDRESS 2.3 STREET ADDRESS  
CITY-ST-ZIP 2.4 CITY-ST-ZIP  
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CITY-ST-ZIP 6.4 CITY-ST-ZIP

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.

SIGNATURE **4/20/98**

CR2E034 (10/97)