FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N93000000715 (3)

1. Corporation Name
LA CASA CUBA DE TAMPA INC.

Principal Place of Business
2322 W. KENTUCKY AVE.
TAMPA FL 33607
US

Mailing Address
P. O. BOX 20042
TAMPA FL 33622-0042
US

3. Date Incorporated or Qualified: 02/11/1993
3a. Date of Last Report: 06/27/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-3186242 — 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

9. Name and Address of Current Registered Agent
OTERO, ANNIE
2322 W. KENTUCKY AVE.
TAMPA FL 33603

10. Name and Address of New Registered Agent
81 Name: ANGELA CHAVIANO
82 Street Address (P.O. Box Number is Not Acceptable): 2322 W. Kentucky Ave
83
84 City: Tampa. FL 85 Zip Code: 33603

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Angela Chaviano — 2/27/96. DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	DP	☑ DELETE
NAME	VAZQUEZ, EMILIO	
STREET ADDRESS	4721 EL DORADO DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	☑ DELETE
NAME	RODRIGUEZ, OSCAR	
STREET ADDRESS	5104 CHATSWORTH AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DT	☐ DELETE
NAME	RUIZ, JOSE ORESTE	
STREET ADDRESS	7712 HIAWATHA	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	☐ DELETE
NAME	CHAVIANO, ANGELA	
STREET ADDRESS	3002 W DOUGLAS ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☑ DELETE
NAME	REY, PEDRO	
STREET ADDRESS	7007 HAZELHUT CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☑ DELETE
NAME	OTERO, ANNIE	
STREET ADDRESS	6408 BROOK HOLOW CT	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☑ Change ☐ Addition
1.2 NAME	OSCAR Rodriguez	
1.3 STREET ADDRESS	14311 Black Cypress Ln	
1.4 CITY-ST-ZIP	Tampa, Fl. 33625	
2.1 TITLE	DV	☑ Change ☐ Addition
2.2 NAME	Luis Ribó	
2.3 STREET ADDRESS	2309 Elcoe Ave	
2.4 CITY-ST-ZIP	Tampa, Fl 33603	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	Henry Cautaya	
5.3 STREET ADDRESS	4423 W. Cashew St	
5.4 CITY-ST-ZIP	Tampa, Fl. 33609	
6.1 TITLE	D	☐ Change ☐ Addition
6.2 NAME	Lloyd Andrews	
6.3 STREET ADDRESS	6820 N. Tacher Ave	
6.4 CITY-ST-ZIP	Tampa, Fl. 33614	

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: [signature] — 2/26/96 — 813-962-7928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Oscar Rodriguez

CR2E037 (12/95)