SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # N9300000715 (3)

LA CASA CUBA DE TAMPA INC.				
Principal Plac	e of Business	Malling Address		I IBBOTALIS ESD IBING HAKI EDINI BONI BONI BONI BONI BONI BONI BONI B
2506 W. CURTIS STREET TAMPA FL 33614 US		P. O. BOX 20042 TAMPA FL 33622-0042 US		3. Date Incorporated or Qualified  02/11/1993  4. FEI Number Applied For  59-3186242 Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Fee Required
22		27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	Yes Mo
24	25	<b>⊢</b>	30	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
181 Name Roansver, Osesa,				
RODRIQUEZ, OSCAR 82 Street Address (P.Q.				Address (P.Q. Box Number is Net Acceptable)
14311 BLOCK CYPRESS LANE				31/ BIACK CY press hu
tampa fl	. 33615		63	
			84 City	FI 85 Zip Code
11. Pursuant to the provisions of sections 617,0802 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 SIGNATURE				1/08/98
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered Agent signature	
TITLE	DP.	DELETE	1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	RODRIQUEZ, OSCAR	DECETE	1.2 NAME	Citarige C Accident
STREET ADDRESS	14311 BLACK CYPRESS LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	
TITLE	DV	DELETE	2.1 TITLE	DV Change Addition
NAME	RIBO, LUIS	×	2.2 NAME	ASRTISY'S MERCEDES
STREET ADDRESS	2309 ELCOE AVENUE		2.3 STREET ADDRESS	MARTAYA MERCEDES Change Addition 4428 CARMEDST
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	1 ampe, 17, 33 00/
TITLE	DT _	DELETE	3.1 TITLE	DT Change Addition
NAME	RUIZ, JOSE ORESTE	• •	3.2 NAME	REY PEORO
STREET ADDRESS	7712 HIAWATHA		3.3 STREET ADDRESS	DODO WSEEL BUILD
CITY-ST-ZIP	TANPA FL	A	3.4 CITY-ST-ZIP	Examps, 1233615
TITLE	DS ;	X DELETE	4.1 TITLE	DS Change Addition
NAME	CHÁVIANO, ANGELA		4.2 NAME	TOSEA. CABAILERO Change LAddition 5333 9H 9HV
	3002 W DOUGLAS ST		4.3 STREET ADDRESS	57 PETEKS 15019. 71 337/2
CITY-ST-ZIP TITLE	TAMPA FL D	DELETE	5.1 TITLE	
NAME	CARTAYA, HENRY	□ prceie	5.2 NAME	Change Addition
	4423 W CARMEN STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZiP	j
TITLE	D	DELETE	6.1 TITLE	Change Addition
NAME	ANDREWS, LLOYD		6.2 NAME	
STREET ADDRESS	6820 N. TACHER AVENUE		8.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		8.4 CITY-ST-ZIP	
14. I hereby o	ertify that the information supplied with	this filing does not qualify for the	e exemption stated in	section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supposition and an accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of the cor

SIGNATURE:

ICED OR DIRECTOR

**FILED** 

Jul 22 1998 8:00am 8

Secretary of State