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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

455047 - 90034 - 10

DOCUMENT # N93000000715

1. Corporation Name
LA CASA CUBA DE TAMPA INC.

Principal Place of Business	Mailing Address
2506 W. CURTIS STREET TAMPA FL 33614 US	P. O. BOX 20042 TAMPA FL 33622-0042 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/11/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3186242 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RODRIQUEZ, OSCAR
14311 BLOCK CYPRESS LANE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: Rodriguez Oscar
82 Street Address (P.O. Box Number is Not Acceptable): 14311 Black Cypress Ln
83: Tampa, FL
84 City: FL 85 Zip Code: 33625

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: Oscar Rodriguez 4/26/99
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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RODRIQUEZ, OSCAR		1.2 NAME		
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	CRISYA, MERCEDES		2.2 NAME	Cabellero Jose	
STREET ADDRESS	4423 F BRMEN ST		2.3 STREET ADDRESS	5333 9th St	
CITY-ST-ZIP	TAMPA FL 33609		2.4 CITY-ST-ZIP	St Petersburg Fl 33712	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PEDRO, REY		3.2 NAME		
STREET ADDRESS	7007 WYSZEL HURST CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33615		3.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	4.1 TITLE	DS	☑ Change ☐ Addition
NAME	CRBILLRO, JOSE		4.2 NAME	Humberto Ferrer	
STREET ADDRESS	5333 9TH STREET		4.3 STREET ADDRESS	4415 W. Carmen St	
CITY-ST-ZIP	ST PETERSBURG FL 33712		4.4 CITY-ST-ZIP	Tampa, Fl 33609	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARTAYA, HENRY		5.2 NAME		
STREET ADDRESS	4423 W CARMEN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	ANDREWS, LLOYD		6.2 NAME	Mercedes Cartaya	
STREET ADDRESS	6820 N. TACHER AVENUE		6.3 STREET ADDRESS	4423 W. Carmen St	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Tampa, Fl 33609	

CR2E037 (11/98)

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 617, 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: Oscar Rodriguez **SIGNATURE REQUIRED** Oscar Rodriguez 4/26/99 (813)962-7928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #