

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

0204551

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90053 049 \*\*\*158.75

DOCUMENT # **P94000023000**

1. Corporation Name  
**R.U. HUNGRY, INC.**



Principal Place of Business  
**555 JEFFERSON AVENUE  
MIAMI BEACH FL 33139  
US**

Mailing Address  
**555 JEFFERSON AVENUE  
MIAMI BEACH FL 33139  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **420 Jefferson Ave**

Suite, Apt. #, etc.

22

23 **Miami Beach FL**

24 **33139** 25 **USA**

2a. Mailing Address

26 **420 Jefferson Ave**

Suite, Apt. #, etc.

27

28 **Miami Beach FL**

29 **33139** 30 **USA**

3. Date Incorporated or Qualified

**03/25/1994**

4. FEI Number

**65-0476141**

Applied For

No 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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**ESTEFAN ENTERPRISES, INC.  
555 JEFFERSON AVENUE  
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **Estefan Enterprises, Inc**

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

83

84 City **Miami Beach**

**FL**

85 Zip Code  
**33139**

11. Pursuant to the provisions of Sections 607.050 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

TITLE **PSTD** ☐ DELETE

NAME **ESTEFAN, EMILIO JR**  
STREET ADDRESS **555 JEFFERSON AVENUE**  
CITY-STATE-ZIP **MIAMI BEACH FL 33139**

TITLE **VSTD** ☐ DELETE

NAME **GLORIA M. ESTEFAN**

STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Emilio Estefan, Jr.**  
1.3 STREET ADDRESS **420 Jefferson Avenue**  
1.4 CITY-STATE-ZIP **Miami Beach, FL 33139**

2.1 TITLE **VSTD** ☒ Change ☐ Addition

2.2 NAME **Gloria M. Estefan**  
2.3 STREET ADDRESS **420 Jefferson Avenue**  
2.4 CITY-STATE-ZIP **Miami Beach, FL 33139**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Amadeo Frank**  
3.3 STREET ADDRESS **420 Jefferson Avenue**  
3.4 CITY-STATE-ZIP **Miami Beach, FL 33139**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)