


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

FILED  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90039 018 \*\*\*150.00

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| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000041044

1. Corporation Name  
RUMARI CAFETERIA, INC.

|  |  |
|--|--|
| Principal Place of Business<br>1029 W 39 PLACE<br>HIALEAH FL 33012 | Mailing Address<br>1029 W 39 PLACE<br>HIALEAH FL 33012 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

65-0835601

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, RUBEN  
1029 W 39 PLACE  
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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             |                                 |                                 |      |                      |  |                |                 |  |             |                  |  |  |           |   |          |  |                    |  |                 |  |
|---|---|---------------------------------|---------------------------------|------|----------------------|--|----------------|-----------------|--|-------------|------------------|--|--|-----------|---|----------|--|--------------------|--|-----------------|--|
| <table><tr><td>TITLE</td><td>PD</td><td><input type="checkbox"/> DELETE</td></tr><tr><td>NAME</td><td>PUENTES, MARIA REGLA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>56 W 16 ST, #12</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>HIALEAH FL 33010</td><td></td></tr></table> | TITLE   | PD                              | <input type="checkbox"/> DELETE | NAME | PUENTES, MARIA REGLA |  | STREET ADDRESS | 56 W 16 ST, #12 |  | CITY-ST-ZIP | HIALEAH FL 33010 |  | <table><tr><td>1.1 TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>1.2 NAME</td><td></td></tr><tr><td>1.3 STREET ADDRESS</td><td></td></tr><tr><td>1.4 CITY-ST-ZIP</td><td></td></tr></table> | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 1.2 NAME |  | 1.3 STREET ADDRESS |  | 1.4 CITY-ST-ZIP |  |
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| NAME  | PUENTES, MARIA REGLA  |                                 |                                 |      |                      |  |                |                 |  |             |                  |  |  |           |   |          |  |                    |  |                 |  |
| STREET ADDRESS  | 56 W 16 ST, #12   |                                 |                                 |      |                      |  |                |                 |  |             |                  |  |  |           |   |          |  |                    |  |                 |  |
| CITY-ST-ZIP   | HIALEAH FL 33010  |                                 |                                 |      |                      |  |                |                 |  |             |                  |  |  |           |   |          |  |                    |  |                 |  |
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| 1.3 STREET ADDRESS  |   |                                 |                                 |      |                      |  |                |                 |  |             |                  |  |  |           |   |          |  |                    |  |                 |  |
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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:

REQUIRE PRESIDENT

4/24/99 (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)