FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

- PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

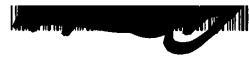
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(2)

DOCUMENT # 1. Corporation Name CUPIDO BRIDES INCORPORATED ...

Principal Place of Business Mailing Address

FILED Aug 12 1996 8:00 am Secretary of State



606 E. 9th St same Hialeah Fl 33010					
nacea	. 12 33010			3. Date incorporated or Qualified 04/08/1987	3a. Date of Last Report 08/07/1995
2. Principal Plu		2a. Mailing Address	****	4. FEI Number	Applied For
21 4940	East 4th Avenue	26 4940 East	4th Avenue	59-2804617	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc 27				5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State 23 Hialeah Florida		City & State 28 Hialeah Florida		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip 3301	25 at 61111 [29] 2 1 103 22 10			Σ₹ No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
_			81 Name		
MENDOZA, MARTHA 82 Street Address (P.O. Box Number is Not Acceptable)					
• 650 East 5 Street <u>4940 Ea</u>				East 4th Avenue	
Hialeah Florida 33010					
			84 City		85 Zip Code
			Hial	leah	FL 33073
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the above-named con	poration submits this statement for the pur	pose of changing its registered office
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, 1 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE .					
	Sky viscost pied or predebility in the production of the control o		OTE: Registered Agent signature req		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	DELETE	t. 1 TITLE		Change Addition
NAME	MENDOZA, MARTHA		1.2 NAME		1
STREET ADDRESS	650 East 5 Street	2040	1.3 STREET ADORESS		1
CITY-ST-ZIP	Hialeah Florida 3		1.4 CITY - ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE	STD	M DELETE	2. 1 TITLE		Change Addition
NAME	RODRIGUEZ, PEDRO	P(,	2.2 NAME		1
STREET ADDRESS	1810 W 56 S7		2.3 STREET ADDRESS		1
CITY-ST-ZIP	HIALEAH FL 33012		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY+ST+ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	4. 1 TITLE		Change 🔲 Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	`	
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS]
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-ST-ZIP		
TITLE	•	☐ DELETE	6 1 TITLE	70000191 -08/12/96010	928 Plange Addition
NAME			6.2 NAME		45028
STREET ADDRESS			6.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do hereb	y certify that the information supplied w	ith this filing is voluntarily furn	nished and does not qualit	y for the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further

certify that the information indicated on this annual lopok to 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 this conformion of 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 change it, or or an attachment with an address.

SIGNATURE: _

PH PRINTED NAME OF SIGNING OFFICER OF DIRECTOR MF. NINA