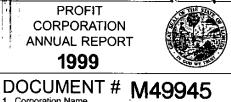
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1999

CUPIDO BRIDES INCORPORATED

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Feb 17, 1999 8:00am Katherine Harris **Secretary of State** Secretary of State

02-17-1999 90020 023 ***150.00



Principal F	lace of Business	Mailing Address					
4940 EAST 4TH AVENUE 4940 EAST 4TH AVENUE							
HIALEAH FL 33013 HIALEAH FL 33013							
1					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 04/08/1987		
2. Principa	al Place of Business	2a. Mailing Addre	ss		4. FEI Number	A _l	pplied For
n i	26				59-2804617	_ 	ot Applicable
Suite, A	Suite, Apt. #, etc. Suite, Apt. #, etc.		etc.				Additional
2		27			5. Certifcate of Status Desired	•	equired
City & S	State	City & State			6. Election Campaign Financing	\$5.00	May Be
:3		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	C	ountry	8. This corporation owes the current year Inta	ngible 🗸	
4	25	29	30			Yes	□No
	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New Registered A	gent	
	ENGOTA 1415			81 Name	*		,
	ENDOZA, MARTHA			82 Street A	ddaar /D O Daw North in North Asset (1)	 	
4940 EAST 4TH AVENUE				Sileer A	Address (P.O. Box Number is Not Acceptable)	•	
. н	IALEAH FL 33013	•		83		V	
;	-					2.53	[[]- [] [] []
t				84 City	·	85 Zip i	Code
11 Pursus	ant to the provisions of Sections 607	0502 and 607 1609. Florid	a Statutae the	above semed a	corporation submits this statement for the purpose of c	ببلبل	
office	or registered agent, or both, in the S	tate of Florida. Such change	e was authorize	ed by the corpor	ration's board of directors. I hereby accept the appoint	nanging its ment as re	registered aistered
agent.	I am familiar with, and accept the ob-	bligations of, Section 607.05	505, Florida Sta	atutes.			
SIGNATUR	RE						
44 :	Signature, typed or printed name of registered				quired when reinstating) DATE		
12./	PD	S AND DIRECTORS	13	1	ADDITIONS/CHANGES TO OFFICERS AND		
ME VAME	1	☐ DEI		TITLE	Company of the Compan	Change	☐ Addition
MAME:	MENDOZA, MARTHA		1.21	NAME	• •		
STREET ADDRE			1,3	STREET ADDRESS	• *		τ
CITY-ST-ZIP	HIALEAH FL 33010			CITY-ST-ZIP			
TITLE	STD	☐ DEL	ETE 2.1	TITLE		☐ Change	☐ Addition
NAME	RODRIGUEZ, PEDRO M.		2.21	NAME			
STREET ADDRE	ss 1810 W. 56 ST.		2.3	STREET ADDRESS	•		
CITY-ST-ZIP	HIALEAH FL 33012			C/TY-ST-ZIP			
TITLE		☐ DEL		TITLE		Change	Addition
IAME .	· · · · · · · · · · · · · · · · · · ·			NAME	•		
TREET ADDRE	20			STREET ADDRESS	•		
OTY-ST-ZIP							
TITLE		□ DEL		CITY-ST-ZIP			2 - 2 - 1
		ين كال				☐ Change	Addition
IAME .	· ·			NAME			
TREET ADORE	ss		4.3 9	STREET ADDRESS			
ITÝY-ST-ZIP			440	STCV OT TID			
TILE IAME		☐ DEL		CiTY-ST-ZiP		Change	☐ Addition
JAME			ETE 5.1 T	TITLE			
777	ss		ETE 5.1 T				
TREET ADDRE			ETE 5.1 T 5.2 N	TITLE			
TREET ADDRE			ETE 5.1 T 5.2 N 5.3 S	TITLE NAME			
TREET ADDRE		☐ DEL	ETE 5.1 T 5.2 N 5.3 S 5.4 C	TITLE NAME STREET ADDRESS		Change	. Addition
TREET ADDRE		☐ DEL	ETE 5.1 T 5.2 N 5.3 S 5.4 C ETE 6.1 T	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TREET ADDRE		☐ DEL	ETE 5.11 5.2N 5.38 5.4C ETE 6.1T 6.2N	NAME STREET ADDRESS CITY-ST-ZIP TITLE		Change	☐ Addition
TREET ADDRE		☐ DEL	ETE 5.11 5.2N 5.3S 5.4C ETE 6.1T 6.2N 6.3S	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition

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: