

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90270 042 ****61.25

DOCUMENT # 710741

1. Entity Name

CONTINENTAL CORPORATION, INC.

Principal Place of Business

Mailing Address

**420 S DIXIE HIGHWAY
 CORAL GABLES FL 33146**

**420 S DIXIE HIGHWAY
 CORAL GABLES FL 33146-2222**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1235458

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00005433



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANTONELLI, MARK, R
 420 S DIXIE HIGHWAY
 THIRD FLOOR
 CORAL GABLES FL 33196**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JARP, GEORGE	
STREET ADDRESS	420 S. DIXIE HWY, 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANTONELLI, MARK, R	
STREET ADDRESS	420 S. DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES, FL 00000	
TITLE	VPO	<input type="checkbox"/> Delete
NAME	BRUZOS, CARLOS	
STREET ADDRESS	420 S. DIXIE HWY- 2ND FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLEN, MICHAEL, A	
STREET ADDRESS	420 S DIXIE HWY	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MULLEN, MICHAEL A	
STREET ADDRESS	420 SOUTH DIXIE HWY., 3RD FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, MICHAEL J	
STREET ADDRESS	420 S DIXIE HWY., 3RD FLOOR	
CITY-ST-ZIP	CORAL GABLES FL 33146	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael A. Mullen* Michael A. Mullen 1-12-00 305-667-0223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)