

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000270 (9)

1. Corporation Name
CONTINENTE PRODUCTIONS, INC.



Principal Place of Business	Mailing Address
491 S.W. 88TH COURT MIAMI FL 33174	491 S.W. 88TH COURT MIAMI FL 33174

3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 02/20/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0389287	Applied For
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25		

9. Name and Address of Current Registered Agent

LUJAN, JOHN
753 N.W. 23RD COURT
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name Hiram Barroso
82 Street Address (P.O. Box Number is Not Acceptable) 1400 N.W. 12th Ave.
83
84 City Miami,
FL 85 Zip Code 33136

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Hiram L. Barroso* **Hiram L. BARROSO** DATE **4/16/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD LUJAN, EDUARDO	1.1 TITLE	
NAME	491 S.W. 88TH COURT	1.2 NAME	
STREET ADDRESS	MIAMI FL 33174	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VSD LUJAN, DULCE	2.1 TITLE	VSD
NAME	491 S.W. 88TH COURT	2.2 NAME	VADILLO, VIRGINIA
STREET ADDRESS	MIAMI FL 33174	2.3 STREET ADDRESS	780 LeJeune Rd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, Fl.- 33126
TITLE	TD LUJAN, JOHN	3.1 TITLE	TD
NAME	753 N.W. 23RD COURT	3.2 NAME	BARROSO, HIRAM
STREET ADDRESS	MIAMI FL 33125	3.3 STREET ADDRESS	1400 N.W. 12th Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Fl.- 33136
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **04/16/96** DAYTIME PHONE #: **(305) 223-3282**

CR2E037 (12/95)