

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

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Mar 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000075885

1. Corporation Name
CONTINENTAL VENDORS, CORP.



Principal Place of Business
**8920 S.W. 68TH CT., STE. J - 7
 MIAMI FL 33156**

Mailing Address
**8920 S.W. 68TH CT., STE. J - 7
 MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/1997

2. Principal Place of Business
 21 **14104 SW 149 PL.**

2a. Mailing Address
 26 **14104 SW 149 PL.**

4. FEI Number
65-0778066

22 Suite, Apt. #, etc.
 23 **Miami FL Dodge**

27 Suite, Apt. #, etc.
 28 **Miami, FL Dodge**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24 **33196** 25

29 **33196** 30

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

9. Name and Address of Current Registered Agent

**BUTTERS, RICHARD P
 8920 S.W. 68TH CT., STE. J - 7
 MIAMI FL 33156**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BUTTERS, RICHARD P	
STREET ADDRESS	8920 S.W. 68TH CT., STE. J - 7	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	TURKOVICH, FERNANDO	
STREET ADDRESS	8920 S.W. 68TH CT., STE. J - 7	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLAUDIA E. BUTTERS	
1.3 STREET ADDRESS	14104 SW. 149 PL.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33196	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: X *[Signature]* **REQUIRED** 02/26/99 Date Daytime Phone #

CR2E034 (1/98)