

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

96 AUG -1 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **V52911 (7)**

1. Corporation Name

CONTINENTAL INVESTMENT PROPERTIES, INC.

Principal Place of Business

Mailing Address

% GR. SHUTTS & BOWEN
201 S BISCAYNE BLVD 1600 MIAMI CENTER
MIAMI FL 33131

% GR. SHUTTS & BOWEN
201 S BISCAYNE BLVD 1600 MIAMI CENTER
MIAMI FL 33131

3. Date Incorporated or Qualified 07/24/1992	3a. Date of Last Report 02/27/1995
4. FEI Number 65-0348709	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131**

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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	NERA, JOSE D	
STREET ADDRESS	GUSTAVO MEJIA RICART #76	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NERA, JOSE A	
STREET ADDRESS	GUSTAVO MEJIA RICART #76	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DE CASTRO, VIRGILIO POU	
STREET ADDRESS	GUSTAVO MEJIA RICART #76	
CITY-ST-ZIP	DOMINICAN REPUBLIC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	400001910504
14 CITY-ST-ZIP	-03/01/96-01032-015
21 TITLE	****225.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	JOHANNA NERA
33 STREET ADDRESS	GUSTAVO MEJIA RICART #76
34 CITY-ST-ZIP	SANTO DOMINGO DOMINICAN REPUBLIC
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 or person 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose D. Nera

July 24/94

CR2E034 (12/95)