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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000019323 CONTINENTAL MORTGAGE GROUP CORP. Perceptal Place of Business Mailing Address 2665 S. BAYSHORE DRIVE SUITE 1002 MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 2a. Mailing Address	iore drive		
Principal Place of Business Mailing Address 2665 S. BAYSHORE DRIVE 2665 S. BAYSHORE SUITE 1002 MIAMI FL 33133 MIAMI FL 3313			
2665 S. BAYSHORE DRIVE 2665 S. BAYSH SUITE 1002 SUITE 1002 MIAMI FL 33133 MIAMI FL 3313			
SUITE 1002 SUITE 1002 MIAMI FL 33133 MIAMI FL 3313			
	•		
2. Principal Flace of Business 2a. Mailing Addres		3. Date Incorporated or Qualified 3a. Date 03/08/1995	of Last Report
21 26	s .	4. FEI Number	Applied For
Suite, Apt. #, etc. Suite, Apt. #, e	etc.	65-0570661 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
	.,		Fee Required
23 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7(p Country Zip 24 25 29	Country	8. This corporation has liability for intangible tax	
24 25 29 9. Name and Address of Current Registered Agent	30	Fiorida Statutes Yes No 10. Name and Address of New Registered A	gent
	81 Name		·
WEISER, WARREN P 2665 S. BAYSHORE DRIVE		dress (P.O. Box Number is Not Acceptable)	
SUITE 1002	83		
MIAMI FL 33133	84 City		85 Zip Code
11 Day out to the providence of Seather 202 0500 and 002 4500 by		<u>FL</u>	1 1 '
Forsumt to the provisions of Sections 607.0502 and 607.1508, Florida or registered agent, or both, in the State of Florida. Such change was attamiliar with, and accept the obligations of, Section 607.0505, Florida St	(NOTE Registered Agent signature req.		
III.I D DELET			Change Addition
WEISER, WARREN P	12 NAME		
SINELLADORESS 2665 S. BAYSHORE DRIVE, SUITE 1002 MIAMI FL 33133	1.3 STREET ADDRESS		
THE DELETI	14 CITY - ST - ZIP 2 1 TITLE		Change Addition
NAM2	22 NAME	_	-
STREET ADDRESS COLY ISL ZUP	2 3 STREET ADDRESS		
DELETI	2 4 City - St - ZiP 3 1 Title		Change
NAM	3 2 NAME		
STREET ALLOREDS	3.3 STREET ADDRESS		
TO LET THE DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change
NAUE	4 2 NAME		, <u> </u>
SEE LADRESS	4.3 STREET ACORESS		
THE DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME.	5 2 NAME		
S'661 ADDRESS	5 3 STREET ADDRESS		
007-St 2#	5 4 CITY - ST - 7IP		Change
NAME GEET	6.2 NAME	L	Change
SUFILE ACORESS	6.3 STREET ADORESS		
14. 14 horsely certify that the information supplied with this filing is voluntarionally fall the information supplied with this filing is voluntarionally fall.	6 4 CITY - ST - ZIP		

Test indicay certify that the information supplied with this filling 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 only that I am an officer or director of the conformation 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 changes, or on application must be the properties.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

(305-854-7342)

De Ama Phone A

CR2E034 (12/95