

**\*SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K99778 (8)**  
1. Corporation Name

**CONTINENTAL REAL ESTATE COMPANIES, INC.**



Principal Place of Business

Mailing Address

2665 SOUTH BAYSHORE DRIVE  
SUITE 1002  
MIAMI FL 33133  
US

2665 SOUTH BAYSHORE DRIVE  
SUITE 1002  
MIAMI FL 33133  
US

3. Date Incorporated or Qualified

07/05/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0141585

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TERREMARK CORPORATE AGENTS INC.  
2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR  
MIAMI FL 33133

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature (Type or printed name of registered agent and date) (Type)

(NOTE: Registered Agent's signature required when registered.)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SIBLEY, PETER L.  
CITY-ST-ZIP 3250 MARY ST, 5TH FL  
MIAMI FL

11. TITLE ☐ Change ☐ Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS WEISER, SHERWOOD M.  
CITY-ST-ZIP 3250 MARY ST, 5TH FL  
MIAMI FL

21. TITLE ☐ Change ☐ Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS WEISER, WARREN  
CITY-ST-ZIP 2665 S. BAYSHORE DR #504  
MIAMI FL

31. TITLE ☒ Change ☐ Addition  
32. NAME  
33. STREET ADDRESS 2665 S BAYSHORE DR, #1002  
34. CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LEFTON, DONALD E.  
CITY-ST-ZIP 3250 MARY ST, 5TH FL  
MIAMI FL

41. TITLE ☐ Change ☐ Addition  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HEWITT, THOMAS  
CITY-ST-ZIP 3250 MARY ST, 5TH FL  
MIAMI FL

51. TITLE ☐ Change ☐ Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61. TITLE ☐ Change ☐ 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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96

(305)854-7342

CR2E034 (3/96)