FILED May 03, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000019323**

CONTRICTAL	MACRICALOR	ADALID	0000
CONTINENTAL	MILIK HJALIF	UNKLAIP	GURP.

CONTINENTAL MORTGAGE GROUP CORP.						05-03-2001 91128 005 ***150.00				
2665 S. BAYSHORE DRIVE 2 SUITE 1002 S MIAMI FL 33133 M		Mailing Address 2665 S. BAYSHORE DRIVE SUITE 1002 MIAMI FL 33133								
		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. (4. FEI Number 65-0570661 Applie					
Zip		Country Zip Cour		ntry	5. (Certificate of Status Desired	\$8.75 A	Additional		
	6. Name	and Address of Current R	egistered Agent			7. 1	Name and Address of New Registered	Agent		
					Name					
WEISER, WARREN P 2665 S. BAYSHORE DRIVE SUITE 1002 MIAMI FL 33133				Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NO After MAY 1		FILE NOW After MAY 1, 20	!!! FEE 001 Fee			.00 May Be				
					epartment or 5		DELICIONA (ALLANOSA TO ASSISSED AND	DIDECTO	100 (1) 44	
11. TITLE	D	OFFICERS AND D		12.		_ AU	DITIONS/CHANGES TO OFFICERS AN	Change		
NAME STREET ADDRESS CITY-ST-ZIP	WEISER, WARREN P 2665 S. BAYSHORE DRIVE, SUITE 1002					C Ollarige	S Nadiani i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete					☐ Change	Addition	
TITLE Name Street address City-St-Zip			☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete					☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete					Change	Addition	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

305-854-7342