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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(1)

CONT	INCINIAL PROPERTIES INTE	INIATIONAL CORP.						
Principal Place of Business Mailing Address						_{		
2050 CORAL WAY 2050 CORAL WAY								
519 519								
MIAMI FL 33145 MIAMI FL 33145						DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
						06/18/1979		
2. Principal Place of Business 2a. Mailing Address				,		4. FEI Number		Applied For
21 26						59-1935017		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		5 Additional
22 27						J. 551.1154.5 51 51.114.5 5541175	Fee	Required
City & Stat	e	City & State				6. Election Campaign Financing		00 мау Ве
23	Carrata	28	T 0			Trust Fund Contribution		led to Fees
Zip	Country	Zip	-	ıntry	•	8. This corporation owes or has paid the		
24	9, Name and Address of Currer	29	30			Personal Property Tax due June 30. 10. Name and Address of New Register	Yes	∐ No
DE		it negistered Agent		81	Name	10. Name and Address of New Aegister	eo Agent	
RETAMAR, (HENRY)				•	1 Verific			
2050 CORAL WAY				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
#519				83				
Į Mū	AMI FL 33145			03				
				84	City	F	85 Z	Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-						oration submits this statement for the nurnos	e of changin	in 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 register agent. I am familiar with, and accept the obligations of, Section 677,0505, Florida Statutes. SIGNATURE SIGNAT								as registered
Sichardinage	Signature, typed or printed name of registered age			d Age	nt signature require	ed when reinstating) DATI	E	.
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12
TITLE	PTD	☐ DELETE	1.1 T!	TLE			☐ Chang	ge 🔲 Addition
NAME	RETAMAR, HENRY		1.2 N/	AME				
STREET ADORESS	2050 CORAL WAY #519		1.3 \$7	REET.	ADDRESS			İ
CITY - ST - ZIP	MIAMI FL 33145		1.4 CITY - ST - ZIP		T- ZIP			
TITLE		☐ DELETE	2.1 TI	TLE			☐ Chang	ge 🔲 Addition
NAME			2.2 N/	AME	į			
STREET ADDRESS			2.3 ST	REET .	ADDRESS			
CITY-ST-ZIP			2.4 C	ITY-S	T-ZIP		. <u>_</u>	
TITLE		DELETE	3.1 T.	TLE			☐ Chang	ge 🔲 Addition
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 \$1	REET	ADDRESS			
CITY-ST-ZIP			3.4. C		T-ZIP			
TITLE		DELETE	4,1 Ti	TLE			☐ Chang	ge Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	ADDRESS			
CITY - ST - ZIP			4.4 CI	TY-ST	r-zip			
TITLE		DELETE	5.1 111	ILE			Chang	ge Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	REET	ADDRESS			
CITY-ST-ZIP			5.4 CF	TY-ST	r-zip			
TITLE		DELETE	6.1 TII	LE			☐ Chang	ge 🔲 Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6200	DEST I	ADDRESS			

14. 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 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 agrattachment with an address.

FILED

Jan 15 1998 8:00am

Secretary of State