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Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G37010** **(7)**

1. Corporation Name
CONTINENTAL IMPRESSIONS INC.

Principal Place of Business	Mailing Address
3625 NW 83ND AVE 402 MIAMI FL 33166 US	3625 NW 82ND AVE 402 MIAMI FL 33166-7602 US

3. Date Incorporated or Qualified: 04/29/1983
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0176041 ☐ 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

MASCARENAS, MARIA T.
3625 N.W. 82ND AVE. SUITE 402
MIAMI FL 33166

10. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	MASCARENA, MARIA T.		1.2 NAME	LEONARD A. SANDOW	
STREET ADDRESS	3400 TORREMOLINOS AVE.		1.3 STREET ADDRESS	8260 SW 151 STREET	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33168	
TITLE		☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME			2.2 NAME	MICHAEL GOKEL	
STREET ADDRESS			2.3 STREET ADDRESS	18730 SW 94 AVENUE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33157	
TITLE		☐ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME			3.2 NAME	MARIA MASCARENAS	
STREET ADDRESS			3.3 STREET ADDRESS	3400 TORREMOLINOS AVE.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33178	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 an attachment with an address.

SIGNATURE: [illegible] EDWARD SANDOW 4/8/97 [illegible]