SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G71271

(2)

CONTINENTAL MORTGAGE ADVISORS, CORP.

Principal Place of Business

7001 SW 97 AVE

Mailing Address

7001 SW 97 AVE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JUL 21 AM 9: 14



81E - 102 MIAMI FL 3317	73	· · · · · · · · · · · · · · · · · · ·	STE - 102 MIAMI FL 33173 US			DO NOT WRITE IN THIS SPACE			
US	•					3. Date Incorporated or Qualified 3a. Date of Last Report			
						11/22/1983	05/01/1996		
	ace of Business	2a. Mailing Address	10	2	,	4. FEI Number	Applied		
21 777	5 SW 92		N 96	18/		59-2418301	· · · · · · · · · · · · · · · · ·	plicable	
Suite Apt. #, etc. 2 27 2 -/2						5. Certificate of Status Desired	\$8.75 Additi		
City & State	MI FOR	Uda 28 Mani	Flor	reda	ا لا	Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fee		
Zip	Country	C Zip	Country			8. This corporation owes or has pai			
四 ろうん	56 25	> 〒3 <i>37</i> 0~3	10	03		Personal Property Tax due June			
	Q, Name and Address (of Current Registered Agent			1	Name and Address of New Reg	Istered Agent		
	NZON, PEDRO J.		81	Name					
119	10.8:10. 112.AVENUE	14790 SW 43 WAL	82	Street	Address	(P.O. Box Number is Not Acceptable	(e)		
MHA	MI FL 38174	14790 SW 43WBG MIGMI FA, 33R/S			. =		<u> </u>		
	•	-114M1 -1, 97/2/3	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.		CERS AND DIRECTORS	13.	ciii oigi uiu c	, regarda n	ADDITIONS/CHANGES TO OFFIC		12	
TITLE	P	☐ DELETE	1.1 TITLE		7>			Addition	
NAME	MONZON, PEDRO J.		1.2 NAME			ZON Packo 5	*		
STREET ADDRESS	11910.8W 112-AVE		1.3 STREET	ADDRESS	147	90 SW 43 Way			
CITY-ST-ZIP	MAMI FL		1.4 CITY - 5			ami, Pt, 3318.	5		
TITLE		DELETE	2.1 TITLE				Change [Addition	
NAME			2.2 NAME	,		8000022 -07/23/9	45498	-9	
STREET ADDRESS			2.3 STREET	′		-07/23/9	1701103017		
CITY-ST-ZIP			2. 4 CITY-	SŤ-ŽIP		****165	.00 ***165.(00	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.1 TATLE			\sim 0	Change	Addition	
NAME	3.21		3.2 NAME			102			
STREET ADDRESS	3.3:		3.3 STREET	ADDRESS		V 11)2			
CITY-ST-ZIP	3.4.0		3.4. CITY-	ST-ZIP		(10)			
TITLE	DELETE 4.11		4.1 TITLE				☐ Change ☐	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP	<u> </u>				
TITLE	DELETE . 5.1		5.1 TITLE				☐ Change ☐	Addition	
NAME *			5.2 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-249			5.4 CITY - S	ST-ZIP	ļ				
TITLE		DELETE	6.1 TITLE				☐ Change ☐	Addition	
NAME			6.2 NAME	1	1				
STREET ADDRESS			6.3 STREET	ADDRESS	1				
CITY-ST-ZIP		P. J. M. M. C. P.	6.4 CITY-5		<u> </u>				
information information I am an of appears in	n indicated on this annual r ficer or director of the corp n Block 12 or Block 13 if ch	n supplied with this filing does not qualify report or supplemental annual report is tru oration of the receiver or trustee empower langed, or on an attachment with an address.	e and acco red to exec ess.	urate and cute this r	stated in I that my report as	Section 119.07(3)(i), Florida Statutes y signature shall have the same legal s required by Chapler 607, Florida St	effect as if made under or latutes; and that my name		