

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K99520 (4)

1. Corporation Name
CONTINENTAL REAL ESTATE COMPANIES COMMERCIAL PRO PERTIES CORP.



Principal Place of Business 2665 SOUTH BAYSHORE DRIVE SUITE 1002 MIAMI FL 33133 US	Mailing Address 2665 SOUTH BAYSHORE DRIVE SUITE 1002 MIAMI FL 33133-5462 US
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3. Date Incorporated or Qualified 07/03/1989	3a. Date of Last Report 08/01/1996
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21. Principal Place of Business State, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0141582	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TERREMARK CORPORATE AGENTS INC.
 2801 SOUTH BAYSHORE DRIVE, 10TH FLOOR
 MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SIBLEY, PETER L.
STREET ADDRESS	3250 MARY ST, FIFTH FL
CITY- ST- ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEISER, SHERWOOD M.
STREET ADDRESS	3250 MARY ST, FIFTH FL
CITY- ST- ZIP	MIAMI FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	WEISER, WARREN
STREET ADDRESS	2865 S BAYSHORE DR #1002
CITY- ST- ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LEFTON, DONALD E.
STREET ADDRESS	3250 MARY ST, FIFTH FL
CITY- ST- ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HEWITT, THOMAS
STREET ADDRESS	3250 MARY ST, FIFTH FL
CITY- ST- ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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:  **WARREN P. WEISER** **3/30/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)