. - 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K99520

1. Entity Name

CONTINENTAL REAL ESTATE COMPANIES COMMERCIAL PROPERTIES CORP.

Principal Place of Business

2665 SOUTH BAYSHORE DRIVE **SUITE 1002**

MIAMI, FL 33133

Mailing Address

2665 SOUTH BAYSHORE DRIVE **SUITE 1002**

MIAMI, FL 33133

FILED Apr 29, 2004 08:00 AN Secretary of State

CR2E034 (10/03)

Applied For



No Chg-P

04132004

DO NOT WHITE IN THIS SPA			4. FEI Number 65-0141582				Applied For Not Applicable
				5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Regis	itered Agent	Cha Tarin	3.4.1.1		1001	required
SCHATZ, RICHARD E STERNS WEAVER MILLER WEISSLER, ET AL 150 WEST FLAGLER STREET SUITE 2200 MIAMI, FL 33130			DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, types or printed name of registered agent and tate if applicable. (NOTE, Registered				t agrature required when renotating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 8. Election Campaign Final Trust Fund Contribution.			ncing 🔲	\$5.00 May Be Added to Fees			
10.							
TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	DP WEISER, WARREN 2665 S BAYSHORE DR #1002 MIAMI, FL		–	-	U000001 04/29/04-8	41057 0185-019	3 150.00
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RITE	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS				IN '	THIS SPA	ACE	

12. 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 for trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3,777 NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF