SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 03 1996 8:00 am
Secretary of State

DOCUMENT # **L89720** **(1)**

1. Corporation Name
CONTINUE WOOD, INC.

Principal Place of Business	Mailing Address
2720 CORAL WAY MIAMI FL 33145-0271	2720 CORAL WAY MIAMI FL 33145-0271

3. Date Incorporated or Qualified: **07/27/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0222267** ☐ 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

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)

9. Name and Address of Current Registered Agent

SCHLOSBERG, DAVID I., ESQ.
2720 CORAL WAY
3RD FLOOR
MIAMI FL 33145-0271

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 _____ DATE
Signature required for previous registered agent and new registered agent, if applicable. (NOTE: A registered agent's signature is required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	FELDMAN, MYER		1.2 NAME		
STREET ADDRESS	~~10606 STAPLEFORD HALL DR~~		1.3 STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	~~POTOMAC MD~~		1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145	
TITLE	PD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HEFFERNAN, WILLIAM, J		2.2 NAME		
STREET ADDRESS	~~951 NE 105TH ST~~		2.3 STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI SHORES FL		2.4 CITY-ST-ZIP	MIAMI, FLORIDA	
TITLE	T	☐ DELETE	3.1 TITLE	S	☐ Change ☒ Addition
NAME	VIDAL, HECTOR O		3.2 NAME	ANGELA R. CRUANYAS	
STREET ADDRESS	2720 CORAL WAY		3.3 STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145	
TITLE	EVD	☐ DELETE	4.1 TITLE	D/AS	☐ Change ☒ Addition
NAME	DE ARMAS, JORGE, B		4.2 NAME	DAVID I. SCHLOSBERG	
STREET ADDRESS	8529 133RD PLACE		4.3 STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145	
TITLE	SVD	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	CARVALLO, JORGE, N		5.2 NAME		
STREET ADDRESS	9756 SW 1ST TERR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	~~CD~~	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARSHT FELDMAN, ADRIENNE		6.2 NAME		
STREET ADDRESS	~~10606 STAPLEFORD HALL DR~~		6.3 STREET ADDRESS	2720 CORAL WAY	
CITY-ST-ZIP	~~POTOMAC MD~~		6.4 CITY-ST-ZIP	MIAMI, FLORIDA 33145	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/19/96 (305)448-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WILLIAM J. HEFFERNAN, PRESIDENT