


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02230</b> 1. Entity Name CONTINENTAL BANCORP.	
--	---

Principal Place of Business 1801 S. W. 1ST STREET MIAMI, FL 33135 US	Mailing Address 1801 S. W. 1ST STREET ATTN: VICTOR L MENDOZA MIAMI, FL 33135 US
--	--

**DO NOT WRITE IN THIS SPACE**

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2456752** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  DASCAL, CHARLES 1801 S. W. FIRST ST. MIAMI, FL 33135	<b>DO NOT WRITE IN THIS SPACE</b>
---	-----------------------------------

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

UD00000157505  
05/06/04-80229-010 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DASCAL, CHARLES 1801 SW FIRST ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MENDOZA, VICTOR L 1801 SW 1 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONTIEL, JOSE R. 1801 SW 1ST ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ-ROUSSEIOT, GUILERMO 1801 SW 1ST ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOKIEL, DANIEL 13295 BISCAYNE DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I 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 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 or 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:** \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/04 305-6x3-8283