

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **M53076** (9)  
1. Corporation Name  
**CONTINENTAL FARMS, INC.**

95 MAY -1 AM 8:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Executive Officer: **C/O TIMOTHY D. RICHARDS**  
2020 N.W. 89TH PLACE  
MIAMI FL 33172  
Mailing Address: **2665 SO. BAYSHORE DR**  
SUITE 900  
MIAMI FL 33133  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered: **06/02/1987**  
3a. Date of Last Report: **04/29/1994**  
4. FCI Number: **59-2802145**  
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 outstanding tax under Chapter 220, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** State Apt. # etc: **22** City & State: **23**  
2a. Mailing Address: **26** Suite Apt. # etc: **27** City & State: **28**  
24. City: **25** State: **29** Country: **30**

9. Name and Address of Current Registered Agent: **RICHARDS, TIMOTHY D.**  
**2665 S. BAYSHORE DR**  
**SUITE 900**  
**MIAMI FL 33133**  
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 607.064(2) and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 implications of Sections 607.064(2) and 607.1508, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
OFFICER	<b>DS</b> <b>RICHARDS, TIMOTHY D.</b> <b>1224 ANDORA AVE</b> <b>CORAL GABLES FL</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY/STATE		4. CITY/STATE	
OFFICER	<b>PD</b> <b>TEPER, L. JAMES</b> <b>647 N. GREENWAY DR.</b> <b>CORAL GABLES FL</b>	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY/STATE		8. CITY/STATE	
OFFICER	<b>DVP</b> <b>HOWKINS, LAWRENCE N.</b> <b>3508 ANDERSON RD.</b> <b>CORAL GABLES FL</b>	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY/STATE		12. CITY/STATE	
OFFICER	<b>D</b> <b>GOTTLIEB, BARRY J</b> <b>2843 S. BAYSHORE DR #16A</b> <b>MIAMI FL</b>	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY/STATE		16. CITY/STATE	
OFFICER	<b>D</b> <b>VAUGHAN, JOHN</b> <b>2665 S. BAYSHORE DR #900</b> <b>MIAMI FL</b>	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY/STATE		20. CITY/STATE	
OFFICER	<b>D</b> <b>VAUGHAN, HARRY</b> <b>2665 S. BAYSHORE DR #900</b> <b>MIAMI FL</b>	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY/STATE		24. CITY/STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not equally for the provisions stated in Section 607.064(2), Florida Statutes. I further certify that the information provided 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. This is an affidavit on behalf of the corporation or the officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1a, to report on any affiliation with an officer.

SIGNATURE: *[Signature]* **4/27/95** **591-8886**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR