

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
96 JUN 20 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M53076
1. Corporation Name
Continental Farms, Inc.

300001869843
-06/20/96--01065--011
***1042 50 ***225.00

Principal Place of Business: 2020 NW 89TH PLACE MIAMI FL 33172
Mailing Address: 2020 NW 89TH PLACE MIAMI FL 33172

3. Date Incorporated or Qualified: 6/2/87
3a. Date of Last Report: 05/01/1995
4. FEI Number: 592802145
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

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

25. Mailing Address: Suite, Apt. #, etc.
26. City & State
27. Zip
28. Country
29. Zip
30. Country

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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DS	<input type="checkbox"/>
NAME	RICHARDS, TIMOTHY D	
STREET ADDRESS	1224 ANDORA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/>
NAME	TEPER, JAMES L	
STREET ADDRESS	647 N. GREENWAY DR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	<input type="checkbox"/>
NAME	HOWKINS, LAWRENCE N	
STREET ADDRESS	3508 ANDERSEN ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/>
NAME	GOTTLIEB, BARRY J	
STREET ADDRESS	2843 BAYSHORE DRIVE #16A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/>
NAME	VAUGHAN, JOHN	
STREET ADDRESS	2665 SOUTH BAYSHORE DR. #900	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/>
NAME	VAUGHAN, HARRY	
STREET ADDRESS	2665 SOUTH BAYSHORE DR. #900	
CITY-ST-ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Richards, Timothy D.		
1.3 STREET ADDRESS	1224 Andora Avenue		
1.4 CITY-ST-ZIP	CORAL Gables FL		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D/VP/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Howkins, Lawrence N.		
3.3 STREET ADDRESS	3508 Andersen Road		
3.4 CITY-ST-ZIP	Coral Gables FL		
4.1 TITLE	D/VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Gottlieb, Barry J.		
4.3 STREET ADDRESS	2843 Bayshore Drive #16A		
4.4 CITY-ST-ZIP	Miami, FL 33133		
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	Richard Vaughan		
5.3 STREET ADDRESS	2665 South Bayshore DR. #900		
5.4 CITY-ST-ZIP	Miami, FL 33133		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Timothy P. Richards* Director
Date: 6/19/96
Daytime Phone #: (305) 858-9900

CR2E034 (3/96)