FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT :	4	N9300000270	'9 \
DOCUMENT 4	Ť	1493000000270	(J)

1. Corporation	Name	•	•					
CONTIN	ENTE PRODUCTIONS, INC).						
Principal Place	of Business	Mailing Address				11 411 51 114 11 111 15 114 11 7 11		
491 S.W. B8TH COURT 491 S.W. B8TH COURT MIAMI FL 33174 MIAMI FL 33174								
					3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last 02/20/19	Report 995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 26					65-0389287	65-0389287 Not Applica		
Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	Additional Required		
City & State		City & State			6. Election Campaign Financing	\$5.0	May Be	
23		28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Count	ry	8. This corporation has liability for		199.032,	
24	25 9. Name and Address of Currer	29	30		Florida Statutes 10. Name and Address of New F	Yes No		
	3, Italia Bila Addiess of Colle	it riogistores rigett	8	1 Name .		<u></u>		
LUJAN, J	IOHN		_		Hiram Barroso	.T.X		
	23RD COURT		8	2 Street A	Address (P.O. Box Number is Not Acceptate 1400 N.W. 12th Ave) •		
MIAMI FL			8	3				
***********			8	4 City		85 Zij	n Code	
			_		Miami,	FL 33	136	
11. Pursuant t	o the provisions of Sections 617.0502	2 and 617.1508, Florida Statut	es, the above	-named cor	reporation submits this statement for the publicand of directors. I hereby accept the app	rpose of changing its r	egistered office	
or registeri familiar wit	th, and accept the obligations of, Sect	tion 617.0503, Florida Statutes	ed by the co	porations t	board of directors. Thereby accept the app		agent. ran	
SIGNATURE	Lumy Damil) Hiram L.	Darro	02		7116/76		
7	Signeture, typed or printed name of registered agent		DTE: Registered Ac	jont signature rei	iquired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	TES IN 12	
12.	PD OFFICERS AN	D DIRECTORS DELETE	1.1 1111	: 1	ADDITIONS GLANGES TO OIT	☐ Change	Addition	
NAME	LUJAN, EDUARDO		1.2 NAM				_	
STREET ADDRESS	491 S.W. 88TH COURT			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33174		1.4 City	-ST-ZIP				
TITLE	VSD	⊠ DELETE	2 1 T1TL		VSD	Change	Addition	
NAME	Lujan, Dulce		2.2 NAM	F	VADILLO, VIRGINIA			
STREET ADDRESS	491 S.W. 88TH COURT		2 3 STRE	ET ADDRESS	780 LeJeune Rd.			
CITY-ST-ZIP	MIAMI FL 33174		2 4 011	r-ST-ZIP	Miami, F1 33126			
TITLE	TD	⊠ DELETE	31 TITLI		TD	Change	☐ Addition	
NAME	LUJAN, JOHN		3.2 NAM	1	BARROSO, HIRAM			
STREET ADDRESS	753 N.W. 23RD COURT MIAMI FL 33125			ET ADDRESS	1400 N.V. 12th Ave	9		
CITY-ST-ZIP TITLE	MIAMI FL 33123	DELETE	3.4 CITY	r-ST-ZIP	Miami, 71 33136	☐ Change	Addition	
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				- ST - ZIP				
TITLE		DELETE	5.1 TITL			☐ Change	Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			5 3 STR	EET ADDRESS				
CITY-ST-ZIP			5 4 CiTY	-ST-ZIP				
TITLE		DELETE	61 TITL	Ε		Change	☐ Addition	
NAME			62 NAM	IE				
STREET ADDRESS			63 STRI	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP	et de la constant de Control de C	OZ/OVIA Florida Cart.	too I turther	
certify that	t the information indicated on this ann	iual report or supplemental an	nual report is:	true and aci	lify for the exemption stated in Section 119 curate and that my signature shall have the ethis report as required by Chapter 617. F	e same legal effect as i	f made under	

certify that the information indicated on this aircular report of supplemental aircular report is true and accurate and that my signature shall rave the same regardless and that my signature shall rave the same regardless and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

116/96 (305) 223-32

Doytime Phone #