

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000010504 (7)**

1. Corporation Name
CONTINENTAL MINING SUPPLIES, INC.



Principal Place of Business
**5810 S.W. 133 PL
#3
MIAMI FL 33183**

Mailing Address
**P.O. BOX 831461
MIAMI FL 33283**

3. Date Incorporated or Qualified **02/09/1993** 3a. Date of Last Report **06/12/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **65-0386619** 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

9. Name and Address of Current Registered Agent

**ROBLEJO, JOSE A
5810 S.W. 133 PL.
APT. #3
MIAMI FL 33183**

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 607.0509, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent) (Block 9)

Signature (typed or printed name of new registered agent) (Block 10)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBLEJO, JOSE A	
STREET ADDRESS	5810 S.W. 133 PL. #3	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROBLEJO, SUSANA	
STREET ADDRESS	5810 S.W. 133 PL. #3	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	ROBLEJO JOSE A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	5810 SW 133 PL # 3	
13. STREET ADDRESS	MIAMI Fla. 33183	
14. CITY-ST-ZIP		
2. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY-ST-ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY-ST-ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	900001857359	
53. STREET ADDRESS	-06/11/96--01013--027	
54. CITY-ST-ZIP	***225.00	
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY-ST-ZIP		

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96 (305) 253-8383
Daytime Phone

CR2E034 (12/95)