FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9400 (on Name continental trading, in									
Principal Place of Business 8001 NW 153RD ST SUITE 154 MIAMI LAKES FL 33014 US		Mailing Address 6001 NW 153RD ST SUITE 154 MIAMI LAKES FL 33014-2447 US								
						3. Date Incorporated or Qualified 03/25/1994		te of Last R	Report	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For	
21		26	26			65-0476949		}	ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	· []		Additional	
22		27				U. Certificate of Statos Desired	LJ	Fee Re	equired	
City & State	0	City & State				6. Election Campaign Financing	F	\$5.00	May Be	
Zip					<u></u>	Trust Fund Contribution			to Fees	
24	.codnity	Zip 29	Cou	niry		8. This corporation has liability for i			. 199.032	
E41	9. Name and Address of Curren	nt Registered Agent	30]			Florida Statutes 10. Name and Address of New Re		No		
LEH	NHOFF, WALTER A		,	81	Name	-	giotorour	90.11		
2838 BOGOTA AVF					- 20.	(2.6.5.				
COOPER CITY FL 33026				82	Street Add	iress (P.O. Box Number is Not Acceptab	ele)			
				83						
			-	В4				T		
			į		City		FL		Code	
SIGNATURE	in ramiliar with, and accept the oblig	gations of, Section 607.0505, Fig	onda Stat	utes	,	poration submits this statement for the p tion's board of directors. I hereby accep		changing it intment as	s registered registered	
12,	Signature, typod or printed name of registered ag-	On and little Papplicable (NOTE ID DIRECTORS	Registered	Ager	it signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE EDG AND	DIDECTOR	20 (N) 10	
TITLE	P	DELETE	1.1 70	 [ADDITIONAJOHANGES TO OFFIC	· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME	LIHNHOFF, WALTER A	The state of the s	1.2 NA						La ricomon	
STREET ADDRESS	2838 BOGOTA AVE				ADDRESS					
CITY-ST-ZIP	COOPER CITY FL		1.4 Cit						13	
TITLE	DELETE 2.11			_				Change	☐ Addition	
NAME	WEISSON, KARIN		2.2 NA	ME	İ					
STREET ADDRESS	1169 SW 123 AVE		2.3 \$1	REETA	ADDRESS				1	
CITY-ST-ZIP	PEMBROKE PINES FL			TY-S	1 - 71P				1	
TITLE	DELETE 3.1T			ιE				Change	Addition	
NAME	LEHNHOFF, WALTER A 2838 BOGOTA AVE		3.2 NA	ME						
STREET ADDRESS	COOPER CITY FL		3.3 ST	REET A	ADDRESS					
CITY-ST-ZIP	OOOPEN ON TE	Douge	3 4. CI		I - ZIP					
TITLE		DELETE	41111				L	Change	L Addition	
NAME Street ad oress			4 2 NA		Innoree					
CITY-ST-ZIP					ADDRESS					
TITLE		DELETE	4.4 CH 5.1 Trl		· Z(F'			Change	Addition	
NAME			5.2 NA				·	onange	FT VOUITION	
STREET ADDRESS					ADDRESS				1	
CITY-ST-ZIP			5.4 CIT							
TITLE		DELETE	6.1 111					Change	Addition	
NAME			6.2 NA							

14. I do 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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6.3 STREET ADDRESS 6.4 CITY- ST- ZIP