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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

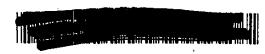
DOCUMENT # P94000023780 1. Corporation Name

CONTINENTAL PLAZA CORP.

Mailing Address Principal Place of Business

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90062 040 ***150.00



3250 MARY ST 2665 SOUTH BAYSHORE DRIVE #1002											
5TH FLOOR MAMI FL 33133						DO NOT WRITE IN THIS SPACE					
MIAMI FL 33133						3. Date Incorporated or Qualifed					
						03/	28/1994				
2. Principal P	lace of Business	2a. Mailing Address				4 FFIN	umber			App	lied For
21		26				65-	-0482329		r		Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.							\$8.		ditional
22 27						5. Certifo	cate of Status Desired	ı 🗆	Fe	e Req	uired
City & State City & State						6 Flection	on Campaign Financi		\$5	nn ,	/lav Be
23 28							Fund Contribution	"9 🗆		ided to	
	Zip Country Zip C					 		urrent year Int			
24	25 29 30			8. This corporation owes the current year Intangible Personal Property Tax.					□No		
9. Name and Address of Current Registered Agent							and Address of Ne	w Registered			
	3. Name and Address of Cartetie	registered rigers	81	Nam							
WEISE	R, WARREN P										
2665S.BAYSHORE DR, #1002				Stre	et Addres	et Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33133											
	0010	•	83								
			84	City		-	, <u> </u>		85	Zip C	ode
•	_							<u> </u>			
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the above	-name	ed corpora	ration subm	its this statement for t	the purpose of	changir otment	ig its r as red	egistered istered
agent. La	m familiar with, and accept the obligation	ins of, Section 607.0505, Florid	da Statutes.		роганог	3 000.0 0.	anddors. Thereby de	copt the appear			}
SIGNATURE											1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agen	t signatu	w benuper en	vhen reinstating	1	DATE			
12.	OFFICERS AND		13.			ADDITI	ONS/CHANGES TO	OFFICERS AN			
TITLE	D WEISER, WARREN	☐ DELETE	1.1 TITLE		ł				Cha	ınge	☐ Addition
NAME	2665 S.BAYSHORE	DR.#1002	12 NAME								
			1.3 STREET	1.3 STREET ADDRESS							١
CITY-ST-ZIP	1121212 213 33133		1.4 CITY-ST	- ZIP							
TITLE	D LEFTON, DONALD I	OELETE	21 TITLE						Cha	inge	☐ Addition
NAME				2.2 NAME							
3230 MARY ST, STH FLOOR			2.3 STREET ADDRESS		55						
	MIAMI FL 33133			2. 4 CITY-ST-ZIP							
CITY-ST-ZIP	D SIBLEY, PETER L	☐ OELETE	3.1 TITLE	1424		-		-	Cha	ange	Addition
	2050 15371 571 5711			3.2 NAME						•	_
NAME	•										
STREET ADDRESS				3.3 STREET ADDRESS							
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			3.4. CITY-ST-ZIP					□ Ch:		Addition
TITLE	D BROOKS, CAROL G DELETE		4.1 TITLE							nige	☐ ~~~~~
NAME	2665 S.BAYSHORE DR, #1002		4, 2 NAME		1		•				
STREET ADDRESS			4.3 STREET	4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP								
TITLE	-		5.1 TITLE						☐ Ch	ange	☐ Addition
NAME			5.2 NAME	5.2 NAME							
STREET ADDRESS	[ADDRESS 5		5.3 STREET	5.3 STREET ADDRESS							
CITY-ST-ZIP	-ST-ZIP 5		5.4 CITY-ST	5.4 CITY-ST-ZIP							
πιε		☐ DELETE	6.1 TITLE						Ch	ange	Addition
NAME			6.2 NAME								
STREET ADORESS			6.3 STREET	ADDRES	ss						
CITY-ST-77P			6.4 CITY-ST	· ZIP							,

14. I 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 of the receiver or trustee 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 an attachment with an address, with all other like empowered.

SIGNATURE:

ODEN PINEISER

4/27/99

(305)854-7342