

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

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY - 1 PM 2:20

FLORIDA

800001501168
-05/30/95--01032--014
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000079308 (0)

1. Corporation Name

CONTINENTAL FARMS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

2020 NW 89TH PLACE
MIAMI FL 33172

2020 NW 89TH PLACE
MIAMI FL 33172

3. Date Incorporated or Qualified

3a. Date of Last Report

10/26/1994

4. FEI Number

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

7. This corporation has liability for unreported tax under Chapter 207, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, TIMOTHY D
2665 S. BAYSHORE DR.
SUITE 900
MIAMI FL 33133

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 607.0506, Florida Statutes.

SIGNATURE

(Signature of registered agent required when filing a change of agent)

(Signature of registered agent required when changing agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN:

11	DS Richards, Timothy D. 1224 Andora Avenue Coral Gables, Florida
12	PD Teper, L. James 647 N. Greenway Dr. Coral Gables, FL
13	DVP Howkins, Lawrence N. 3508 Andersen Road Coral Gables, Florida
14	D Gottlieb, Barry J. 2843 S. Bayshore Dr. #16A Miami, Florida
15	D Vaughan, John 2665 South Bayshore Dr. #900 Miami, Florida 33133
16	D Vaughan, Harry 2665 South Bayshore Dr. #900 Miami, Florida 33133

17	17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18	18 NAME	
19	19 STREET ADDRESS	
20	20 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	21 TITLE	
22	22 NAME	
23	23 STREET ADDRESS	
24	24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25	25 TITLE	
26	26 NAME	
27	27 STREET ADDRESS	
28	28 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29	29 TITLE	
30	30 NAME	
31	31 STREET ADDRESS	
32	32 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33	33 TITLE	
34	34 NAME	
35	35 STREET ADDRESS	
36	36 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REMITTED BY MAY 1
Tax
5-4-95

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 139.02(3)(b), Florida Statutes. I further certify that the information included 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

James J. ...
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER/DIRECTOR

4/27/95

591-8886
JW