

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
 96 JUN 20 PM 2:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000079308 (0)

1. Corporation Name
 CONTINENTAL FARMS MANAGEMENT, INC.



Principal Place of Business
 2020 NW 89TH PLACE
 MIAMI FL 33172

Mailing Address
 2020 NW 89TH PLACE
 MIAMI FL 33172

3. Date Incorporated or Qualified: 10/26/1994
 3a. Date of Last Report: 05/01/1995
 4. FEI Number: 650600871
 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

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt #, etc	27	Suite, Apt #, etc
23	City & State	28	City & State
24	Zip	29	Zip
	Country		Country

9. Name and Address of Current Registered Agent
 RICHARDS, TIMOTHY D
 2665 S. BAYSHORE DR.
 SUITE 900
 MIAMI FL 33133

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is **100001869841**)
 83 **06/20/96--01065--011**
*****1042.50 ****225.00**
 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 607.0505, Florida Statutes.

SIGNATURE _____
 Signature of registered agent or new registered agent (if applicable) (Date) _____
 Signature of registered agent or new registered agent (if applicable) (Date) _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	RICHARDS, TIMOTHY D	
STREET ADDRESS	1224 ANDORA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEPER, JAMES L	
STREET ADDRESS	647 N. GREENWAY DR.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HOWKINS, LAWRENCE N	
STREET ADDRESS	3508 ANDERSEN ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOTTLIEB, BARRY J	
STREET ADDRESS	2843 BAYSHORE DRIVE #16A	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAUGHAN, JOHN	
STREET ADDRESS	2665 SOUTH BAYSHORE DR. #900	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAUGHAN, HARRY	
STREET ADDRESS	2665 SOUTH BAYSHORE DR. #900	
CITY-ST-ZIP	MIAMI FL 33133	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Richards, Timothy D.
13 STREET ADDRESS	1224 Andora Avenue
14 CITY-ST-ZIP	CORAL GABLES FL
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	D/VP/S
33 STREET ADDRESS	Howkins, Lawrence N.
34 CITY-ST-ZIP	3508 Andersen Road
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D/VP
43 STREET ADDRESS	Gottlieb, Barry J.
44 CITY-ST-ZIP	2843 Bayshore Drive #16A
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	Richard Vaughan
54 CITY-ST-ZIP	2665 South Bayshore DR. #900
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(3)(k) 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Timothy D. Richards*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DIRECTOR

6/19/96 (305) 858-9900
 Date Filed by Person

CR2E034 (3/96)