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Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

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 33172-2618

3. Date Incorporated or Qualified 10/26/1994	3a. Date of Last Report 06/20/1996
4. FEI Number 65-0600671	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 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 Not Acceptable)
	83
	84 City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <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	VSD <input type="checkbox"/> DELETE
NAME	HOWKINS, LAWRENCE N
STREET ADDRESS	3508 ANDERSEN ROAD
CITY - ST - ZIP	CORAL GABLES FL
TITLE	VD <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	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VAUGHAN, RICHARD
1.3 STREET ADDRESS	2665 S. BAYSHORE DR. STE. 900
1.4 CITY - ST - ZIP	MIAMI, FL 33133
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LYTH, DEREK E
2.3 STREET ADDRESS	11320 SW 71 Ave.
2.4 CITY - ST - ZIP	MIAMI, FL 33156
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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 on an attachment with an address.

SIGNATURE: *L. James Teper* L. James Teper, President x 1/24/97 (305) 591-8886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)