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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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0600871

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

XX

Yes

□ No

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

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 typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	RICHARDS, TIMOTHY D	
STREET ADDRESS	1224 ANDORA AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	PD	DELETE
NAME	TEPER, JAMES L	
STREET ADDRESS	847 N. GREENWAY DR.	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VSD	DELETE
NAME	HOWKINS, LAWRENCE N	
STREET ADDRESS	3508 ANDERSEN ROAD	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	VD	DELETE
NAME	GOTTlieb, BARRY J	
STREET ADDRESS	2843 BAYSHORE DRIVE #16A	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	DELETE
NAME	VAUGHAN, JOHN	
STREET ADDRESS	2665 SOUTH BAYSHORE DR. #900	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	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	Change	XX 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	Change	XX 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		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	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: *[Signature]* L. James Teper, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 (305) 591-8886

CR2E034 (9/96)