

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

**FILED**

**May 15 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000079308 (0)**  
 1. Corporation Name  
**CONTINENTAL FARMS MANAGEMENT, INC.**



Principal Place of Business <b>2020 NW 89TH PLACE MIAMI FL 33172</b>	Mailing Address <b>2020 NW 89TH PLACE MIAMI FL 33172</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2020 NW 89th PL</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>2665 S Bayshore Drive</b> Suite, Apt. #, etc. 27 <b>Suite 703</b>		3. Date Incorporated or Qualified <b>10/26/1994</b>	
23 <b>Miami, FL</b> City & State		28 <b>Miami, FL</b> City & State		4. FEI Number <b>65-0600871</b> Applied For <input type="checkbox"/> Not Applicable	
24 <b>33172-2618</b> Zip		25 <b>USA</b> Country		5. Certificate of Status Desired <b>XXXX</b> <b>\$8.75</b> Additional Fee Required	
29 <b>33133-5401</b> Zip		30 <b>USA</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RICHARDS, TIMOTHY D</b> <b>2665 S. BAYSHORE DR.</b> <b>SUITE 900</b> <b>MIAMI FL 33133</b>				10. Name and Address of New Registered Agent 81 Name <b>World Corporate Services, Inc.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2665 S Bayshore Drive</b> 83 <b>Suite 703</b> 84 City <b>Miami</b> <b>FL</b> 85 Zip Code <b>33133-5401</b>	
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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 *Timothy D. Richards* **4-30-98**  
 Signature (typed printed name of registered agent and title if applicable) (NCIL Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>RICHARDS, TIMOTHY D</b>			1.2 NAME	<b>John Vaughan</b>		
STREET ADDRESS	<b>1224 ANDORA AVENUE</b>			1.3 STREET ADDRESS	<b>2665 S Bayshore Drive STE 703</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL</b>			1.4 CITY-ST-ZIP	<b>Miami, FL 33133-5401</b>		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>TEPER, JAMES L</b>			2.2 NAME	<b>Harry Vaughan</b>		
STREET ADDRESS	<b>647 N. GREENWAY DR.</b>			2.3 STREET ADDRESS	<b>2665 S Bayshore Drive STE 703</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL</b>			2.4 CITY-ST-ZIP	<b>Miami, FL 33133-5401</b>		
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HOWKINS, LAWRENCE N</b>			3.2 NAME	<b>James L. Teper</b>		
STREET ADDRESS	<b>3508 ANDERSEN ROAD</b>			3.3 STREET ADDRESS	<b>647 N Greenway Drive</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL</b>			3.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134-4827</b>		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<b>D/V/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GOTTLIEB, BARRY J</b>			4.2 NAME	<b>Lawrence N. Howkins</b>		
STREET ADDRESS	<b>2843 BAYSHORE DRIVE #16A</b>			4.3 STREET ADDRESS	<b>3508 Anderson Road</b>		
CITY-ST-ZIP	<b>MIAMI FL 33133</b>			4.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134-7051</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>VAUGHAN, JOHN</b>			5.2 NAME	<b>Barry J. Gottlieb</b>		
STREET ADDRESS	<b>2665 SOUTH BAYSHORE DR. #900</b>			5.3 STREET ADDRESS	<b>2843 S Bayshore Drive APT 16A</b>		
CITY-ST-ZIP	<b>MIAMI FL 33133</b>			5.4 CITY-ST-ZIP	<b>Miami, FL 33133-6024</b>		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>VAUGHAN, HARRY</b>			6.2 NAME	<b>Timothy D. Richards, Esq.</b>		
STREET ADDRESS	<b>2665 SOUTH BAYSHORE DR. #900</b>			6.3 STREET ADDRESS	<b>2665 S Bayshore Drive STE 703</b>		
CITY-ST-ZIP	<b>MIAMI FL 33133</b>			6.4 CITY-ST-ZIP	<b>Miami, FL 33133-5401</b>		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Timothy D. Richards* **4-30-98 (305) 258-9960**

CFR2004 (10/97)