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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 14 1998 8:00am

Secretary of State

Change

... Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000022220 (4)

CONTINENTAL BAIL BONDS, INC.

1424 S.W. 17TH TERRACE 1424 S.W. 17TH TERRACE MIAMI FL 33145 MIAMI FL 33145 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For #1424 S.W 17TE. NOT APPLICABLE 742 N.W. 21 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #. etc. 5. Certificate of Status Desired Fee Regulred City & State City & State 8. Election Campaign Financing \$5.00 May Be MIA П 23 Trust Fund Contribution Added to Fees Country Country B. This corporation owes or has paid the current year Intangible Yes □No Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Suarez, Daniel 1424 S.W. 17TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33145** 83 84 City 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 requitered agent and title if inpulicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE SUAREZ, DANIEL F NAME 1.2 NAME 1424 S.W. 17TH TERRACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP 1.4 CITY - S1 - ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE KAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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

6.1 TITLE 6.2 NAME

DELETE