
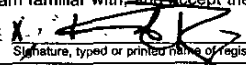


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90149 006 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000057315			
1. Corporation Name CONTINENTAL CONSTRUCTION, INC.			
Principal Place of Business 7195 NORTHWEST 179 STREET, UNIT 311 MIAMI FL 33015		Mailing Address 7195 NORTHWEST 179 STREET, UNIT 311 MIAMI FL 33015	
2. Principal Place of Business 21 19988 S.W. 7TH PLACE Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES, FL. Zip Country 24 33029 25		2a. Mailing Address 26 19988 S.W. 7TH PLACE Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES, FL. Zip Country 29 33029 30	
9. Name and Address of Current Registered Agent ROJAS, RODOLFO 7195 NW 179 ST #302 MIAMI FL 33015		10. Name and Address of New Registered Agent 81 Name ROJAS, RODOLFO 82 Street Address (P.O. Box Number is Not Acceptable) 19988 S.W. 7TH PLACE 83 84 City PEMBROKE PINES FL 85 Zip Code 33029	
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  RODOLFO ROJAS DATE 03/24/99 <small>(NOTE: Registered Agent signature when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 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 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, with all other like empowered.

SIGNATURE:  **RODOLFO ROJAS** / PRE. X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 442-8405
Daytime Phone #

CR2E034 (11/98)

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