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Feb 11 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 # P96000002490 (6)

1. Corporation Name
CONTINENTAL ENTERPRISES GROUP, INC.



Principal Place of Business Mailing Address
7195 NORTHWEST 179 STREET, SUITE 111 7195 NORTHWEST 179 STREET, SUITE 111
MIAMI FL 33015 MIAMI FL 33015-6122

3. Date Incorporated or Qualified 01/09/1996 3a. Date of Last Report

4. FEI Number 65-0630830 Applied For Not Applicable

5. Certificate of Status Desired \$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 Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite Apt # etc 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name RODOLFO ROJAS
82 Street Address (P.O. Box Number is Not Acceptable) 7195 N.W. 179 St. #302
83
84 City Miami FL 85 Zip Code 33015

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] (NOTE: Registered Agent signature required when reinstating) DATE: 1/6/97

12. OFFICERS AND DIRECTORS

TITLE	PD/S	DELETE
NAME	PASCUAL, PEDRO M	
STREET ADDRESS	7195 NORTHWEST 179 STREET, SUITE 111	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VD/P/S	DELETE
NAME	ROJAS, RODOLFO	
STREET ADDRESS	7195 NORTHWEST 179 STREET, SUITE 111	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	SD	DELETE
NAME	ROJAS, MARILYN	
STREET ADDRESS	7195 NORTHWEST 179 STREET, SUITE 111	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	ROJAS, RODOLFO
2.3 STREET ADDRESS	7195 NW 179 St Suite 302
2.4 CITY-ST-ZIP	Miami, FL 33015
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] RODOLFO ROJAS, Pres 1/6/97 (305) 826-8983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)