

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90149 009 ***150.00

DOCUMENT # P96000002490

1. Corporation Name
CONTINENTAL ENTERPRISES GROUP, INC.



Principal Place of Business
7195 NORTHWEST 179 STREET, SUITE 111
MIAMI FL 33015

Mailing Address
7195 NORTHWEST 179 STREET, SUITE 111
MIAMI FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1996

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 owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 19988 S.W. 7TH PLACE

Suite, Apt. #, etc.

22 City & State

23 PEMBROKE PINES, FL

24 Zip 33029 25 Country

26 19988 S.W. 7TH PLACE

27 Suite, Apt. #, etc.

28 City & State

29 PEMBROKE PINES, FL

30 Zip 33029 31 Country

9. Name and Address of Current Registered Agent

ROJAS, RODOLPHO
7195 NW 179TH 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

03/24/99

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 VDPS ☐ DELETE
NAME ROJAS, RODOLFO
STREET ADDRESS 7195 NW 179TH ST SUITE 302
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VDPS ☒ Change ☐ Addition
1.2 NAME ROJAS, RODOLFO
1.3 STREET ADDRESS 19988 S.W. 7TH PLACE
1.4 CITY-ST-ZIP PEMBROKE PINES, FL. 33029

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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: SIGNATURE REQUIRED RODOLFO ROJAS / PRB X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 442-8405

Daytime Phone #

0132973

CR2E034 (11/98)