

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000003376 (6)

1. Corporation Name  
CONTINENTAL FINANCIAL SERVICES, INC.



Principal Place of Business  
P.O. BOX 69-5232  
MIAMI FL 33269

Mailing Address  
P.O. BOX 69-5232  
MIAMI FL 33269

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1996	
21 20535 NW 2nd Avenue Suite, Apt. #, etc.		26 P.O. Box 69-5232 Suite, Apt. #, etc.		4. FEI Number 65-0635002	
22 Suite 125 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Miami, Florida Zip Country		28 Miami, Florida Zip Country		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
24 33169 25 Dade		29 33269 30 Dade		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

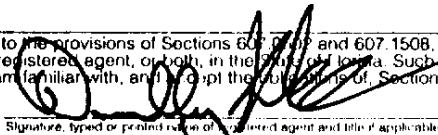
KINLOCK, DUDLEY  
6758 N.W. 187 TERRACE  
MIAMI FL 33015

10. Name and Address of New Registered Agent

81 Name	Dudley Kinlock
82 Street Address (P.O. Box Number is Not Acceptable)	20535 NW 2nd Avenue
83	Suite 125
84 City	Miami, FL 85 Zip Code 33169

11. Pursuant to the provisions of Sections 607.01 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 I accept the responsibilities of, Section 607.0505, Florida Statutes.

SIGNATURE

  
Signature, typed or printed name of registered agent and title if applicable

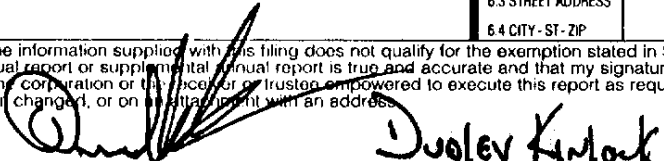
Dudley Kinlock  
(NOTE: Registered Agent signature required when reinstating)

4/20/98  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D, P	1.1 TITLE	D, V.
NAME	KINLOCK, DUDLEY	1.2 NAME	Natasha Abraham
STREET ADDRESS	6758 N.W. 187 TERRACE	1.3 STREET ADDRESS	20535 NW 2nd Avenue
CITY-ST-ZIP	MIAMI FL 33269	1.4 CITY-ST-ZIP	Miami, Florida 33169
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 executor 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:

  
Dudley Kinlock

4/20/98

CR2E034 (10/97)