

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

FILED

Jun 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000003757 (7)**

1. Corporation Name  
**CONTINENTAL AIRCRAFT, INC.**



Principal Place of Business <del>6440 NW 192ND TERRACE</del> <del>MIAMI FL 33015</del>	Mailing Address <del>6440 NW 192ND TERRACE</del> <del>MIAMI FL 33015</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6065 NW 167 STREET</b> Suite, Apt. #, etc. 22 <b>B-14</b> City & State 23 <b>MIAMI LAKES</b> Zip 24 <b>33015</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>6065 NW 167 STREET</b> Suite, Apt. #, etc. 27 <b>B-14</b> City & State 28 <b>MIAMI LAKES</b> Zip 29 <b>33015</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>01/11/1996</b>	4. FEI Number <b>65-0631157</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 <b>RESTREPO, MARGARITA</b> <del>6440 NW 192ND TERRACE</del> <del>MIAMI FL 33015</del>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>6065 NW 167 STREET STE. # B-14</b> 83 84 City <b>MIAMI LAKES</b> FL 85 Zip Code <b>33015</b>	
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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 registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RESTREPO, MARGARITA</b>	1.2 NAME	
STREET ADDRESS	<b>7115 NW 178TH STREET #102</b>	1.3 STREET ADDRESS	<b>15675 NW 12 COURT</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	1.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL. 33028</b>
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROJAS, MARIA E</b>	2.2 NAME	
STREET ADDRESS	<del>6440 NW 192ND TERRACE</del>	2.3 STREET ADDRESS	<b>15810 NW 11 STREET</b>
CITY-ST-ZIP	<del>MIAMI FL 33015</del>	2.4 CITY-ST-ZIP	<b>PEMBROKE PINES, FL. 33028</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROJAS, RICARDO</b>	3.2 NAME	
STREET ADDRESS	<b>6440 NW 192ND TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 **RICARDO ROJAS** 4/1/98 (207) 828 4068

CR2E034 (10/97)