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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055192 (4)

CONTINENTAL SEARCH & EXPORT, INC. Principal Place of Business Mailing Address 1721 CORAL AVENUE, SUITE 104 1721 CORAL AVENUE, SUITE 104 NORTH LAUDERDALE FL 33068-4156 NORTH LAUDERDALE FL 33068 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Sule, Apt.#, eld Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Žφ Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🔲 No 25 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 AMERILAWYER CHARTERED 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 COKAL AVENUE **CORAL GABLES FL 33134** 83 CVITE 84 City Zip Code poration submits this statement for the purpose of changing its registered 11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the cor agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. ation's board of directors. I hereby accept the appointment as registered OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 96/6) DELETE Change 1.1 TITLE THE NAVARRO, GONZALO O 1.2 NAME NAME STREET ADDRESS 1721 CORAL AVENUE, SUITE 104 1.3 STREET ADDRESS **NORTH LAUDERDALE FL 33068** 1.4 CITY - ST - ZIP CHY-ST 2F Change Addition DELETE THILE 2.1 TITLE NAME 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 011v - \$1 - 210 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE THEF 3.2 NAME NAME 3.3 STREET ADDRESS STREET ACCORESS 3.4. CITY-\$1-ZIP City - \$1 - 2IP DELETE Change Addition THILE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CHTY-57-2IE DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CHTY - \$1 - 712 Addition DELETE Change 6 1 TITLE THLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. Ido 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 on 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 (3 if changed, or on an intachment with an address.

FILED Mar 28 1997 8:00am Secretary of State

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