

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997  FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 27 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P96000058642 (5)**
1. Corporation Name
CONTINENTAL FILM CORPORATION

Principal Place of Business: **7525 E. TREASURE DR., #5 J NORTH BAY FL 33122**
Mailing Address: **7525 E. TREASURE DR., #5 J NORTH BAY FL 33122**

REINSTATEMENT 97-98
DO NOT WRITE IN THIS SPACE

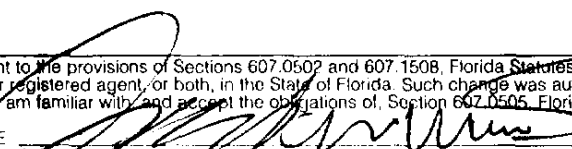
2. Principal Place of Business: **21 905 MICHIGAN AVE**
Suite, Apt. #, etc.: **22 2**
City & State: **23 MIAMI BEACH FL**
Zip: **24 33139** Country: **25 USA**

2a. Mailing Address: **26 THE SAME**
Suite, Apt. #, etc.: **27 11**
City & State: **28 MIAMI**
Zip: **29 33139** Country: **30 USA**

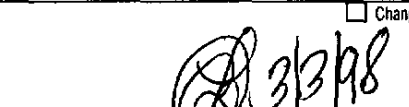
3. Date Incorporated or Qualified: **07/12/1996** 3a. Date of Last Report: **07/12/1996**
4. FEI Number: **65-0695490** Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HASS, ADIMIR
7525 E. TREASURE DR., #5 J
NORTH BAY FL 33122

10. Name and Address of New Registered Agent
81 Name: **HASS, ADIMIR**
82 Street Address (P.O. Box Number is Not Acceptable): **905 MICHIGAN AVE # L**
83 City: **MIAMI BEACH** 84 State: **FL** 85 Zip Code: **33139**

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:  DATE: **1/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASS, ADIMIR	1.2 NAME	
STREET ADDRESS	7525 E. TREASURE DR., #5 J	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY FL 33122	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVALHO, ADILSON A	2.2 NAME	
STREET ADDRESS	7525 E. TREASURE DR., #5 J	2.3 STREET ADDRESS	700002447437--4
CITY-ST-ZIP	NORTH BAY FL 33122	2.4 CITY-ST-ZIP	-03/05/98--01003--003 ****593.75 ****593.75
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	700002447437--4
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-03/05/98--01003--004 ****165.00 ****165.00
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	700002447497--4
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-03/05/98--01003--005 ****150.00 ****150.00
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 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:  DATE: **1/21/98**

CR2E034 (4/97)