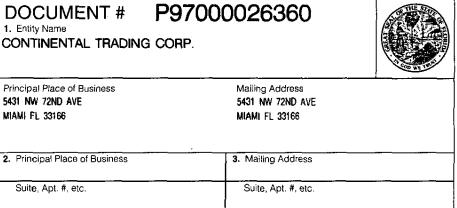
FILED

Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90232 011 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

CONTINENTAL TRADING CORP.



City & State

CHECK HERE IF MAKING CHANGES					
4. FEI Number CE 0740401					
4. FEI Number 65-0742421	Applied For				
4. FEI Number 65-0742431	Applied For Not Applicable				
65-0/42431 5. Certificate of Status Desired - 171 - \$8.7					

BUZ 5431 MIAR

City & State

Zip

AOLO BEDOV		Name .		
aglo, percy I NW 72ND AVE		Street Address (P.O. Box Number is Not Acceptable)		
All FL 33166				
	Marie Marie T	City	FL	"Zíp Code
above named entity submits this statement	for the purpose of changing its register	ed office or registered agent, or b	oth, in the State of Florida. I am far	niliar with, and accept

8. The the obligations of registered agent.

Country

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Chec	k Payable to Florida Department of State	1	
10.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete BUZAGLO, PERCY 5431 NW 72 AVENUE MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachmer with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Daytime Phone #