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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000083509

1. Corporation Name

24

CONTINENTAL ASSURANCE CONSULTANTS INC.

25

MACHADO, MAGALY 8338 S.W. 8TH STREET MIAMI FL 33144

MIAMI EL 33144

Principal Place of Business	Mailing Address
8338 S.W. 8TH STREET Miami Fl 38144	8338 S.W. 8TH STREET Miami Fl 33144

Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & S.ate\_ 23 28 Zip Country

Country Zip 30 29

FILED

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90218 008 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Not Applicable \$8.75 Additional Fee Required

Applied For

\$5.00-Mey-Be Added to Fees

8. This corporation owes the current year intangible

☐ Change

☐ Change

Change

Change

9. Name and Address of Current Registered Agent

81	Name						
82	Street Acdress (	P.O. Box	Number is Not A	Acceptable)			
83							
84	City				FL	85	Zip Code

10. Name and Address of New Registered Agent

3. Date Ir corporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

when reinstating)

09/26/1997 4. FEI Number

65-0783408

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 cirectors. I hereby accept the appointment as registered agent. am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

2.4 CITY-ST-ZIP

31 TITUE\_ 32 NAME 3.3 STREET ADDRESS 3.4, CITY-ST-ZIP

4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

51 TITLE

52 NAME

6 1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

SIGNATURE	Signature, typed or printed har he of registered agent	and title if applicable (I	NOTI:: Registered Agent signat	ture required
12.	OFFICERS AND	DIRECTORS	13.	

12.	OFFICERS AND	DIRECTORS	13.	
TITLE	PD	☐ DELETE	1.1 TITLE	
NAME	MACHADO, MAGALY		1.2 NAME	
STREET ADDRESS	3488 S.W. 112TH AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP	L
TITLE	STD	☐ DELETE	2.1 TITLE	
NAME	SERUYA, SIMON		22 NAME	
STREET ANDRESS	3488 S.W. 112TH AVENUE		2.3 STREET ADDRESS	

211 1 * 31 * ZIF	HINTON I C CO ITT	
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		i

CITY-ST-ZIP DELETE STREET ADDRESS

6.4 CITY-ST-ZIP CITY+ST-ZIP 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 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, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

TITLE

NAME

CR2E034 (11/98)

Addition

Addition

☐ Addition

Addition

Addition

Change \_\_\_ Addition