

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 AUG 26 AM 11:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000037758

1. Corporation Name
 CONTINENTAL FINANCE (INTERNATIONAL), CORP.



Principal Place of Business Mailing Address
 322 LAKE CREST COURT 322 LAKE CREST COURT
 WESTON FL 33326 WESTON FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 04/27/1998

4. FEI Number Applied FOR 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 the current year Intangible Personal Property. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

KNIPSCHILD, K H
 322 LAKE CREST COURT
 WESTON FL 33326

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME KNIPSCHILD, K H
 STREET ADDRESS 777 BAYSHORE DR APT 706
 CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE TD DELETE
 NAME KNIPSCHILD, JESSICA R
 STREET ADDRESS 777 BAYSHORE DR APT 706
 CITY-ST-ZIP FT LAUDERDALE FL 33304

TITLE TD DELETE
 NAME DE ROJAS, LAURA G
 STREET ADDRESS 322 LAKE CREST COURT
 CITY-ST-ZIP WESTON FL 33326

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME 400002974694--4
 1.3 STREET ADDRESS -08/31/99--01052--004
 1.4 CITY-ST-ZIP *****550.00 *****550.00

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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)(l), 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *K. H. Knipschild* K. H. KNIPSCHILD 8/10/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Daytime Phone #

000075

CR2E034 (5/99)