

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90191 016 ***150.00

DOCUMENT # P98000080356

1. Entity Name

CONTINENTAL EXPORT, CORP.

Principal Place of Business

2600 SW 3RD AVE.
 PENTHOUSE B
 MIAMI FL 33129

Mailing Address

2600 SW 3RD AVE.
 PENTHOUSE B
 MIAMI FL 33145-3220

2. Principal Place of Business

* 3191 Coral Way, #701
 Suite, Apt. #, etc.

3. Mailing Address

* 3191 Coral Way, #701
 Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0863709

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

33145

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHUQUIMBALQUI, VICTOR R
 2600 SW 3RD AVE.
 PENTHOUSE B
 MIAMI FL 33129

7. Name and Address of New Registered Agent

Name: Victor R. Chuquimbalqui
 Street Address (P.O. Box Number is Not Acceptable): 3191 Coral Way, Suite 701
 City: MIAMI FL Zip Code: 33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	CHUQUIMBALQUI, VICTOR R	2600 SW 3RD AVE. PENTHOUSE B	MIAMI FL 33129	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
President	VICTOR R. chuquimbalqui	3191 CORAL WAY, Suite 701	CORAL Gables, FL 33145	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	DORA B. Chuquimbalqui	3191 CORAL WAY, Suite 701	CORAL Gables, FL 33145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Olive M. Chuquimbalqui	3191 CORAL WAY, Suite 701	CORAL Gables, FL 33145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] VICTOR CHUQUIMBALQUI

1-11-00

305-444-6675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #