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Jun 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V20873 (8)
1. Corporation Name
CONTINENTAL BEVERAGE MARKET, INC.



Principal Place of Business Mailing Address
3980 NORTH ANDREWS AVENUE 3980 NORTH ANDREWS AVENUE
OAKLAND PARK FL 33309 OAKLAND PARK FL 33309-5240

3. Date Incorporated or Qualified 03/12/1992 3a. Date of Last Report 04/11/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0329886	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

ALBERTINE, MICHAEL O.
2400 EAST COMMERCIAL BOULEVARD
SUITE 318
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name GTULL AHMED MOTI
82 Street Address (P.O. Box Number is Not Acceptable)
3980 N. ANDREWS
83
84 City FT. LAUDERDALE FL 85 Zip Code 33309

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 responsibilities of, Section 607.0505, Florida Statutes.

SIGNATURE *GTULL AHMED MOTI*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE 5/27/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	MOTI, SHAISTA	1.2 NAME	
STREET ADDRESS	% 2400 E COMMERCIAL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	MOTI, SHAISTA	2.2 NAME	
STREET ADDRESS	3350 NW 63RD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	SHAISTA MOLL	3.2 NAME	
STREET ADDRESS	3980 N. ANDREWS	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	GTULL AHMED MOTI	4.2 NAME	
STREET ADDRESS	3980 N. ANDREWS	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *GTULL AHMED MOTI*

4/30/97 954.561.0588

CR2E034 (9/96)