

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V29016 (5)

1. Corporation Name

Continental Purchasing, Inc.

Principal Place of Business

Mailing Address

2781 NW 104 Court
MIAMI, FL. 33172

2781 NW 104 Court
MIAMI, FL. 33172

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

29

30

3. Date incorporated or Qualified

04/16/92

3a. Date of Last Report

4. FEI Number

65-0331382

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 has liability for intangible tax under S. 190.032
Florida Statutes

☒ Yes

[] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCELIN, LUIS
1370 S. Venetian Way
MIAMI, FL 33133

81 Name

MARCELIN, LUIS

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

2781 NW 104 Court

83

84 City

MIAMI

FL

85 Zip Code

33172

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, 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

Marcelin Luis MARCELIN, LUIS - President

2-20-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P
NAME MARCELIN, LUIS
STREET ADDRESS 2781 NW 104 Court
CITY ST ZIP MIAMI FL 33172

2. TITLE V
NAME REYES JOSE M.
STREET ADDRESS AVE FRANCISCO DE MIRANDA
CITY ST ZIP CARACAS VENEZUELA

3. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6. TITLE
NAME
STREET ADDRESS
CITY ST ZIP

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3. TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

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***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcelin Luis MARCELIN, LUIS - President 2/20/96

(305) 593-1183

CR2E034 (12/95)