

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 234407 (5)

1. Corporation Name  
AUTO APPRAISAL INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
15480 N W 7TH AVE 15480 N W 7TH AVE  
MIAMI FL 33169 MIAMI FL 33169

3. Date Incorporated or Qualified 03/16/1960  
3a. Date of Last Report 05/01/1994

2. Principal Place of Business 2a. Mailing Address  
21 15240 SW 148 TERR. 25 P.O. Box 16-5831

4. FEI Number 59-0896316  
Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State MIAMI, FL 28 City & State Miami FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 Zip 33198 25 Country DAOE 29 Zip 33116-5831 30 Country Dade

9. The corporation has liability for intangible tax under C-100,032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
ALFONSO, ISRAEL  
7810 SW 20 ST.  
MIAMI FL 33155

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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature of current registered agent) \_\_\_\_\_ (Signature of new registered agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PD ALFONSO, ISRAEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	7810 SW 20 ST.	1.2 NAME	
3. CITY, ST., ZIP	MIAMI FL	1.3 STREET ADDRESS	
4. TITLE	STD	1.4 CITY, ST., ZIP	
5. NAME	TOJEIRO, JORGE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	9480 SW 80TH ST.	2.2 NAME	
7. CITY, ST., ZIP	MIAMI FL	2.3 STREET ADDRESS	
8. TITLE		2.4 CITY, ST., ZIP	
9. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS		3.2 NAME	
11. CITY, ST., ZIP		3.3 STREET ADDRESS	
12. TITLE		3.4 CITY, ST., ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY, ST., ZIP		4.3 STREET ADDRESS	
16. TITLE		4.4 CITY, ST., ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS		5.2 NAME	
19. CITY, ST., ZIP		5.3 STREET ADDRESS	
20. TITLE		5.4 CITY, ST., ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS		6.2 NAME	
23. CITY, ST., ZIP		6.3 STREET ADDRESS	
24. TITLE		6.4 CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption defined in Sections 119.012(1)(b) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and it shall be under penalty that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the F-12 or F-13, if changed, or on a similar document with an address.

SIGNATURE: *Jorge Tojeiro* JORGE TOJEIRO 4-27-95 557-6353  
Signature and Typed or Printed Name of Signing Officer or Director Date Subject's Name