

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 SEP 16 AM 9:39



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

PROFIT CORPORATION
 ANNUAL REPORT
 1996

DOCUMENT # 234407 (5)
 1. Corporation Name

AUTO APPRAISAL INC



Principal Place of Business Mailing Address
 15240 SW 148 TERR PO BOX 16-5831
 MIAMI FL 33198 MIAMI FL 33116-5831
 US US

3. Date Incorporated or Qualified 03/16/1960
 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
 21 13727 SW 152nd St #130 26 13727 SW 152nd St #130
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 130 27 130
 City & State City & State
 23 MIAMI FL 28 MIAMI FL
 Zip Country Zip Country
 24 33177 25 DADE 29 33177 30 DADE

4. FEI Number 59-0896316 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. 199.032, 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 JUAN CARLOS DIAZ
 82 Street Address (P.O. Box Number is Not Acceptable) 13727 SW 152nd St #130
 83
 84 City MIAMI FL 85 Zip Code 33177

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: [Signature] JUAN DIAZ Date: 8/23/96
 (NOTE: Registered Agent's signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALFONSO, ISRAEL	
STREET ADDRESS	7810 SW 20 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	TOJEIRO, JORGE	
STREET ADDRESS	9480 SW 80TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 NAME	PRCS CARLOS DIAZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13 STREET ADDRESS	13727 SW 152nd St #130	
14 CITY - ST - ZIP	MIAMI FL 33177	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] CARLOS DIAZ Date: 8-5-96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)