


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 10 PM 3:52

DOCUMENT # 234407 1. Entity Name AUTO APPRAISAL, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3001 Ponce de Leon Blvd.	3. Mailing Address SAME
Suite, Apt. #, etc. Suite #101	Suite, Apt. #, etc. SAME
City & State Coral Gables Florida	City & State SAME
Zip 33134	Country USA
Zip SAME	Country SAME

REINSTATEMENT 97-03
DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent	
Name	YISHAI HAYDELSTIEN
Street Address (P.O. Box Number is Not Acceptable)	3001 PONCE DE LEON BLVD., #101
City	CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	YISHAI HAYDELSTIEN	09-25-03
<small>Signature typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/S/D YISHAI HAYDELSTIEN 1000 PONCE DE LEON BLVD., #327 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700023922187 10/20/03--01004--016 **1050.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAISY TERESITA LOPEZ 1000 PONCE DE LEON BLVD., #327 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700023922187 10/20/03--01004--017 **600.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D JESUS H AMADO 1000 PONCE DE LEON BLVD., #327 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JOE ANON 1000 PONCE DE LEON BLVD., #327 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH ARMANI 1000 PONCE DE LEON BLVD., #327 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	YISHAI HAYDELSTIEN	09-24-03	305-441-1999
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)