PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K61273

1. Corporation Name DEPENDABLE APPRAISAL SERVICES, INC.

Principal Place of Business	Mailing Address	
13370 SW 13TH ST	6661 SW 137TH CT.	
#110 MIAMI FL 33186	UNIT-A MIAMI FL 33183	DO NO
US	US	3. Date Incorporated or O
		01/26/1989
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	65-0095763
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status De
22	27	
City & State	City & State	6. Election Campaign Fin
23	28	Trust Fund Contribution
Zip Country	└	ountry 8. This corporation owes:
24 25 .	29 30	Personal Property Tax.

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90165 013 ***600.00

OEI EIVO	MOLL / I THUONG OLITIO						
Principal Plac	e of Business	Mailing Address					
13370 SW 13TH	4 ST	6661 SW 137TH CT.					
#110		UNIT-A			DO NOT WRITE IN TH	IS SPACE	
MIAMI FL 3318 US	b	MIAMI FL 33183 US			3. Date Incorporated or Qualifed	10 01 7102	
00		OV .			01/26/1989		İ
2 Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Apı	plied For
21	1200	26			65-0095763	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional
22		27	_		5, Certificate of Status Desired	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		··
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	04	No-	10. Name and Address of New Registere	a Agent	
DOM	TED DAMON		81	Name '		<i>:</i>	
	VER, RAMON 1 S.W. 137 COURT		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
UNIT		•	83				
	MI FL 33183		63				
MIM	WITE GOTOS		84	City	F	85 Zip C	Code
		1005 4500 Et de Obes			oration submits this statement for the purpose		registered
SIGNATURE	Signature, typed or printed name of registered ag	ND DIRECTORS	Registered Ager	nt signature require	od when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	OJEDA, ROBERTO L.		1.2 NAME				
STREET ADDRESS			1.3 STREE	TADDRESS			
CITY-ST-ZIP	MIANI FL 33193		1.4 CITY-S	T-ZIP			
TITLE	TSD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	OJEDA, JOSEFINA V.		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	MIANI FL 33193		2. 4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 TITLE				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			3.2 NAME				
STREET ADDRESS	5			T ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	ST-ZIP		Change	Addition
TITLE		☐ DETEIF				_ 5.12.190	hand : Indianali
NAME			4. 2 NAME	TADDDESS			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	I-ZIP		Change	☐ Addition
TITLE		C percit	5.1 MAME				
NAME DEPENDENCE	J			T ADDRESS			
STREET ADDRESS	5		5.4 CITY-S				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	···		Change	Addition
TITLE		<u>ب ۵، ۵</u>	6.2 NAME			 -	
NAME CTDEET ADDRESS				T ADDRESS		•	

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: