

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000050243 (1)
1. Corporation Name
CMA APPRAISAL SERVICES INC.



Principal Place of Business Mailing Address
16100 ABERDEEN WAY MIAMI LAKES FL 33014 **16100 ABERDEEN WAY MIAMI LAKES FL 33014-6570**

3. Date Incorporated or Qualified **06/27/1995** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address
21 **6001 NW 153rd ST.** 26 **SAME**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **SUITE 15B** 27
City & State City & State
23 **MIAMI LAKES, FL** 28
Zip Country Zip Country
24 **33014** 25 **USA** 29 30

4. FEI Number **65-0590566** 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
RIVEIRO, FERNANDO
16100 ABERDEEN WAY
SUITE 211
MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent
81 Name **RIVEIRO, FERNANDO**
82 Street Address (P.O. Box Number is Not Acceptable) **6001 NW 153rd STREET**
83 **SUITE 15B**
84 City **MIAMI LAKES** FL 85 Zip Code **33014**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **5-12-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D.P.S.T.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDO RIVEIRO	1.2 NAME	
STREET ADDRESS	% 16100 ABERDEEN WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERIO, FERNANDO L	2.2 NAME	
STREET ADDRESS	% 16100 ABERDEEN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED DATE: **5-12-97** (305) 825-7665

CR2E034 (9/96)