

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000085383 (4)

1. Corporation Name

UNITED SERVICE APPRAISERS, INC.



Principal Place of Business

1790 WEST 49TH STREET #207 HIALEAH FL 33012

Mailing Address

1790 WEST 49TH STREET #207 HIALEAH FL 33012

3. Date Incorporated or Qualified

11/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9445 W. 82 Ave Miami FL 33144

26 9445 W. 82 Ave Miami FL 33144

4. FEI Number

05-0622435

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

\$5.00 May Be Added to Fees

24 Zip

33144

25 Country

Dade

29 Zip

33144

30 Country

Dade

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

BARON, RICHARD ESQ.
11077 BISCAYNE BLVD.
SUITE 307
MIAMI FL 33161

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 607.0505, Florida Statutes.

SIGNATURE

Signature of the principal place of business agent (if not applicable)

Signature of the new agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	AGUILAR, PABLO	
STREET ADDRESS	1445 S.W. 122ND AVE. APT. 2	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAZARIEGOS, MAX	
STREET ADDRESS	1790 WEST 49TH STREET, #207	
CITY-ST-ZIP	HIALEAH FL 33012	
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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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***200.00

14. I do hereby certify that the information furnished in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pablo Aguilar

Vice President
6/6/96

207-2898

Date

Date of Filing

05/11/96

CR2E034 (12/95)