

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

Jun 02 1997 8:00am
Secretary of State

DOCUMENT # P95000085383 (4)

1. Corporation Name
UNITED SERVICE APPRAISERS, INC.

Principal Place of Business Mailing Address
1790 WEST 40TH STREET 1790 WEST 40TH STREET
#207 #207
HALEAH FL 33012 HALEAH FL 33012

3. Date Incorporated or Qualified 11/07/1995 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
944 S.W. 82 Ave 944 S.W. 82 Ave

4. File Number 65-0622435 Applied For Not Applicable

2b. Suffix, Apt. #, etc. 2c. Suffix, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

2d. City & State Mia, FL 33144 2e. City & State Mia, FL 33144

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

2f. Zip Country 2g. Zip Country

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Pablo Aguilar
82 Street Address P.O. Box Number is Not Applicable 944 S.W. 82 AVE
83
84 City Mia, FL FL 33144

11. Pursuant to the provisions of sections 607.0602 and 607.0605, 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUILAR, PABLO	1.2 NAME	
STREET ADDRESS	1445 S.W. 122ND AVE. APT. 2	1.3 STREET ADDRESS	
CITY, ST., ZIP	MIAMI FL 33144	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZARIEGOS, MAX	2.2 NAME	
STREET ADDRESS	1790 WEST 40TH STREET, #207	2.3 STREET ADDRESS	
CITY, ST., ZIP	HALEAH FL 33012	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 report 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 if changed. Check an appropriate box with an address.

SIGNATURE: _____ DATE: 4/30/97 (305) 209-2898

DO NOT WRITE OR MAKE ANY MARKS ON 1996 ANNUAL REPORT

CORP004 (12/95)

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