ANAMI PL MAMI PL MAME Check Payable to Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Delde MAME CHeck Payable to Department of State Delve MAME STRET ADDRESS OFFI-SP MIAMI PL STRET ADDRESS OFFI-SP MAME CHECK Payable to Delde MAME STRET ADDRESS OFFI-SP MIAMI PL STRET ADDRESS OFFI-SP MAME STRET ADDRESS OFFI-SP M	2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P96000050785  1. Entity Name ASSOCIATED APPRAISERS, INC.						FILED May 02, 2001 08:00 AM Secretary of State				
2. Principals Place of Business Ords SINSET BRIVE. RET   20	•		•							-	
Sure, Apt. 4, etc.   Suite, Apt. 5, etc.   Suite, Apt. 4, etc.   DO NOT WRITE IN THIS SPACE   Applied   Ap		FL			FL						
City & State MIAM  FL  City & State MIAM  FL  City & State MIAM  FL  Country  Zig Country  Country  Country  Signature  For Additions  For Required  For Additions			3. Mailing Address 9745 SUNSET DRIVE, #117		. ,						
MAMINI   FL	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	"-			DO NOT WE	RITE IN THIS SPA	ACE	– 	
SIGNATURE  SIGNATURE  Popularian heper or primed name of inegistered agent and liber it applicable.  Note: After MAY 1, 2001 Fee Will be \$550.00  Tax filling requirement and elects to do so. (See orteria on back)  OFFICERS AND DIRECTORS  TITLE  MAY  ROSALES ANTHONY  33173  US  SIGNATURE  Popularian heper or primed name of inegistered agent and liber it applicable.  NOTE Registered Agent or popularian in elegible to satisfy its Initiangible Tax filling requirement and elects to do so. (See orteria on back)  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.  NOTE Registered Agent consistency of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Popularian heper or primed name of inegistered agent and liber it applicable.  NOTE Registered Agent deplace or registered agent, or both, in the State of Florida.  NOTE Registered Agent of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Popularian heper or primed name of inegistered agent and liber it applicable.  NOTE Registered Agent Spalaria required view relievable or registered agent, or both, in the State of Florida.  NOTE Registered Agent Spalaria required view relievable or registered agent, or both, in the State of Florida.  NOTE Registered Agent Spalaria required view relievable or registered agent, or both, in the State of Florida.  NOTE Registered Agent Spalaria required view relievable or registered agent, or both, in the State of Florida.  NOTE Registered Agent Spalaria required view relievable of the primed of florida.  NOTE Registered Agent Spalaria required view relievable of the primed of florida.  NOTE Registered Agent Spalaria required view relievable of the primed of florida.  NOTE Registered Agent Spalaria required view relievable of the primed of florida.  NOTE Registered Agent Agent Spalaria required view relievable of the p	MIAMI	FL	MIAMI	<u> </u>					N	pplied For ot Applicable	]
1.		Country		Coun	try	5.	. Certificate of Status Desired				
ROSALES   ANTHONY   STREET ADDRESS   S		6. Name and Address of Current F	Registered Agent			7.	Name and Address of New				1
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature, typed or pinned name of registered agent and title 1 applicable.   (NOTE Registered Agent signature required when releasing)   CATE	9745 SUNSE	ET DR STE 209	·		ROSALE Street Ac	idress (P.O.	Box Number is Not Acceptab	ole)			
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.  SIGNATURE  Signature To Signature required vibran is easily its Intangible Tax filling requirement and elects to do so. (See criterion back)  11. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OFFICERS AND DIRECTORS  16. Change Interview of the contribution of the contribu			i.					FL		le	-
Tax filing requirement and elects to do so. (See criteria on back)    Make Check Payable to Department of State	SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	d Agent signatur	re required wher	·	- 05/02/2	001		
TITLE D Delete NAME ROSALES ANTHONY STREET ADDRESS OTTY-ST-ZIP MIAMI FL 33173  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET	Tax filing re	equirement and elects to do so.	After MAY 1, 200	1 Fee	will be \$5	50.00					
NAME ROSALES ANTHONY STREET ADDRESS 9745 SUNSET DRIVE, #209 STREET ADDRESS OTTY-ST-ZIP MIAMI STREET ADDRESS STREET ADDRESS OTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STRE	I	· · · · · · · · · · · · · · · · · · ·		1-			ADDITIONS/CHANGES TO O			IS IN 11	1_
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13. 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 directly 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 11 or Block changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  ANTHONY ROSALES  D 05/02/2001  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Device Phone #	of the corp changed,	on this report of suppliermental report is poration or the receiver or trustee empor or on an attachment with an address, w	rue and accurate and that my wered to execute this report a ith all other like empowered.	y signat is requir	ure shall ha ed by Char	iva tha com	e legal effect as if made unde prida Statutes; and that my nate D 05/02/2001	er oath; that I am me appears in B	an officer lock 11 o	or director	

Date

Daytime Phone #