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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:24

DOCUMENT # 759823 (8)

1. Corporation Name
GREATER MIAMI CHAPTER OF THE APPRAISAL INSTITUTE , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
301 ALMERIA AVENUE SUITE 6 CORAL GABLES FL 33134	301 ALMERIA AVENUE SUITE 6 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 08/28/1981
3a. Date of Last Report: 05/18/1994
4. FEI Number: 59-6159263 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

9. Name and Address of Current Registered Agent

NEER, MICHAEL F.
1221 BRICKELL AVE.
3RD FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: MARC E. SILVERMAN, SRA
82 Street Address (P.O. Box Number Is Not Acceptable): 6250 N. ANDREWS AVENUE #204
83:
84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

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] President. 1/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	NEER, MICHAEL	1.2 NAME	MARC E. SILVERMAN, SRA
STREET ADDRESS	1221 BRICKELL AVE. THIRD FLOOR	1.3 STREET ADDRESS	6250 N. ANDREWS AVENUE, #204
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	FT.LAUDERDALE, FL 33309
TITLE	V	2.1 TITLE	VICE-PRESIDENT ☒ Change ☐ Addition
NAME	SILVERMAN, MARC E	2.2 NAME	J.LYNN MURPHY, MAI
STREET ADDRESS	6250 N. ANDREWS AVE. #204	2.3 STREET ADDRESS	777BRICKELL AVENUE
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T	3.1 TITLE	TREASURER ☒ Change ☐ Addition
NAME	SMITH, JEAN LYNN	3.2 NAME	RADAMES DELGADO SERRANO
STREET ADDRESS	777 BRICKELL AVE.	3.3 STREET ADDRESS	10300 SUNSET DRIVE, #200
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL 33173
TITLE	S	4.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	TALBOTT, KEVIN E	4.2 NAME	ANNA MARIA CHAVOUSTIE, MAI
STREET ADDRESS	3121-A RIVIERA DR.	4.3 STREET ADDRESS	8390 NW 53 STREET, #201
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D	5.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	LEMASTER, LISA	5.2 NAME	MICHAEL F. NEER, SRA
STREET ADDRESS	3152 CORAL WAY	5.3 STREET ADDRESS	1221 BRICKELL AVENUE
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D	6.1 TITLE	DIRECTOR ☒ Change ☐ Addition
NAME	WEINTRAUB, STEVEN R	6.2 NAME	STEVEN R. WEINTRAUB, MAI, SRA
STREET ADDRESS	1570 MADRUGA AVE. #407	6.3 STREET ADDRESS	1570 MADRUGA AVENUE #407
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	CORAL GABLES, FL 33146

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] Pres 1/18/95 305 226-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

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