

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K03162 (0)

1. Corporation Name

NATIONAL CLAIMS REVIEW, INC.



Principal Place of Business

**16115 SW 117TH AVEVD., STE #316
SUITE A-19
MIAMI FL 33157**

Mailing Address

**16115 SW 117TH AVEVD., STE #316
SUITE A-19
MIAMI FL 33157**

3. Date Incorporated or Qualified
11/16/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **16115 SW 117TH AVE**

2a. Mailing Address

26 **16115 SW 117TH AVE**

4. FEI Number
59-2860230

Applied For
 Not Applicable

Suite, Apt. #, etc.

22 **A-19**

Suite, Apt. #, etc.

27 **A-19**

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

City & State

23 **MIAMI FL**

City & State

28 **MIAMI, FL**

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

Zip

24 **33157**

Country

25 **USA**

Zip

29 **33157**

Country

30 **USA**

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

9. Name and Address of Current Registered Agent

**SADLER, DALE A.
16155 SW 117TH AVE.
A19
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name **SADLER DALE A.**
82 Street Address (P.O. Box Number is Not Acceptable)
16115 SW 117TH AVE
83 **A19**
84 City **MIAMI** FL 85 Zip Code **33157**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Dale A. Sadler

DALE A. SADLER

2/26/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINTEL, DELPHINE	
STREET ADDRESS	18115 SW 117TH AVE #A-19	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CABAN, DAISEY	
STREET ADDRESS	16115 SW 117TH AVE #A-19	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SADLER, DALE.	
STREET ADDRESS	16115 SW 117TH AVE #A-19	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SADLER, REGINA.	
STREET ADDRESS	16115 S.W. 117TH AVE #A-19	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CABAN, LILLIAN	
STREET ADDRESS	16115 SW 117TH AVE #A-19	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(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, or on an attachment with an address.

SIGNATURE: *REGINA A SADLER* 2/26/96 (305) 238-6852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)