

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

APPROVED  
AND  
FILED

95 APR 28 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # K68900 (5)**

1. Corporation Name  
**PROPERTY TAX SPECIALIST, INC.**

Principal Place of Business <b>3720 ESTEPONA AVE MIAMI FL 33178</b>	Mailing Address <b>P O BOX 351447 MIAMI FL 33135 US</b>
--	--

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/23/1989</b>	3a. Date of Last Report <b>04/07/1994</b>
4. FBI Number <b>65-0147151</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>9600 NW 25 ST</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>3 D</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Miami, FL</b>	City & State 28
Zip 24 <b>33172</b>	Country 25 <b>USA</b>

9. Name and Address of Current Registered Agent

**VELOZ, MIGUEL A.  
3720 ESTEPONA AVE  
MIAMI FL 33178**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELOZ, MIGUEL A.	12 NAME	
STREET ADDRESS	3720 ESTEPONA AVE	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	14 CITY - ST - ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 110.07(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 an agent or officer in an attachment with an address.

SIGNATURE: Miguel A. Velez 4/21/95 (30) 977-2121

(Name) (Telephone #)