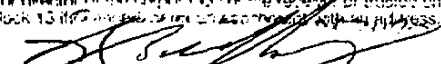


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Monham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00742 (1) 1. Corporation Name APPRAISAL GROUP INTERNATIONAL, INC.					
Principal Place of Business 111 N.W. 183 STREET, STE 350 MIAMI FL 33169		Mailing Address 111 N.W. 183 STREET, STE 350 MIAMI FL 33169			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/07/1989 3a. Date of Last Report 07/07/1989 4. FBI Number 65-0129682 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
8. Name and Address of Current Registered Agent SCHMACHTENBERG, LEE C 1533 SUNSET DR. #201 MIAMI FL 33143			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 FL		
11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.1505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title (Note: Registered Agent signature required when changing) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE ☐ DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 1.5 CITY-STATE-ZIP 1.6 CITY-STATE-ZIP 1.7 CITY-STATE-ZIP 1.8 CITY-STATE-ZIP 1.9 CITY-STATE-ZIP 1.10 CITY-STATE-ZIP					
13. ACTIONS CHANGES TO OFFICERS AND DIRECTORS 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 2.5 CITY-STATE-ZIP 2.6 CITY-STATE-ZIP 2.7 CITY-STATE-ZIP 2.8 CITY-STATE-ZIP 2.9 CITY-STATE-ZIP 2.10 CITY-STATE-ZIP 2.11 CITY-STATE-ZIP 2.12 CITY-STATE-ZIP 2.13 CITY-STATE-ZIP 2.14 CITY-STATE-ZIP 2.15 CITY-STATE-ZIP 2.16 CITY-STATE-ZIP 2.17 CITY-STATE-ZIP 2.18 CITY-STATE-ZIP 2.19 CITY-STATE-ZIP 2.20 CITY-STATE-ZIP 2.21 CITY-STATE-ZIP 2.22 CITY-STATE-ZIP 2.23 CITY-STATE-ZIP 2.24 CITY-STATE-ZIP 2.25 CITY-STATE-ZIP 2.26 CITY-STATE-ZIP 2.27 CITY-STATE-ZIP 2.28 CITY-STATE-ZIP 2.29 CITY-STATE-ZIP 2.30 CITY-STATE-ZIP 2.31 CITY-STATE-ZIP 2.32 CITY-STATE-ZIP 2.33 CITY-STATE-ZIP 2.34 CITY-STATE-ZIP 2.35 CITY-STATE-ZIP 2.36 CITY-STATE-ZIP 2.37 CITY-STATE-ZIP 2.38 CITY-STATE-ZIP 2.39 CITY-STATE-ZIP 2.40 CITY-STATE-ZIP 2.41 CITY-STATE-ZIP 2.42 CITY-STATE-ZIP 2.43 CITY-STATE-ZIP 2.44 CITY-STATE-ZIP 2.45 CITY-STATE-ZIP 2.46 CITY-STATE-ZIP 2.47 CITY-STATE-ZIP 2.48 CITY-STATE-ZIP 2.49 CITY-STATE-ZIP 2.50 CITY-STATE-ZIP 2.51 CITY-STATE-ZIP 2.52 CITY-STATE-ZIP 2.53 CITY-STATE-ZIP 2.54 CITY-STATE-ZIP 2.55 CITY-STATE-ZIP 2.56 CITY-STATE-ZIP 2.57 CITY-STATE-ZIP 2.58 CITY-STATE-ZIP 2.59 CITY-STATE-ZIP 2.60 CITY-STATE-ZIP 2.61 CITY-STATE-ZIP 2.62 CITY-STATE-ZIP 2.63 CITY-STATE-ZIP 2.64 CITY-STATE-ZIP 2.65 CITY-STATE-ZIP 2.66 CITY-STATE-ZIP 2.67 CITY-STATE-ZIP 2.68 CITY-STATE-ZIP 2.69 CITY-STATE-ZIP 2.70 CITY-STATE-ZIP 2.71 CITY-STATE-ZIP 2.72 CITY-STATE-ZIP 2.73 CITY-STATE-ZIP 2.74 CITY-STATE-ZIP 2.75 CITY-STATE-ZIP 2.76 CITY-STATE-ZIP 2.77 CITY-STATE-ZIP 2.78 CITY-STATE-ZIP 2.79 CITY-STATE-ZIP 2.80 CITY-STATE-ZIP 2.81 CITY-STATE-ZIP 2.82 CITY-STATE-ZIP 2.83 CITY-STATE-ZIP 2.84 CITY-STATE-ZIP 2.85 CITY-STATE-ZIP 2.86 CITY-STATE-ZIP 2.87 CITY-STATE-ZIP 2.88 CITY-STATE-ZIP 2.89 CITY-STATE-ZIP 2.90 CITY-STATE-ZIP 2.91 CITY-STATE-ZIP 2.92 CITY-STATE-ZIP 2.93 CITY-STATE-ZIP 2.94 CITY-STATE-ZIP 2.95 CITY-STATE-ZIP 2.96 CITY-STATE-ZIP 2.97 CITY-STATE-ZIP 2.98 CITY-STATE-ZIP 2.99 CITY-STATE-ZIP 2.100 CITY-STATE-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 registered or trustee empowered to execute this report as required by Chapter 199, Florida Statutes; and that my name is registered in Block 12 or Block 13 of this report.					
SIGNATURE:  DATE: 4/22/97 Typed Name: RICHARD M. BRADBURY Title: PRESIDENT Filing Fee: 315-944-8811					