

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

FILED
Jul 18 1996 8:00 am
Secretary of State

DOCUMENT # P 92000011920

1. Corporation Name:

APPRAISERS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2400 S.W. 83rd Avenue
Miami, FL 33155

Same

3. Date Incorporated or Qualified

3a. Date of Last Report

12/11/1992

2. Principal Place of Business

2a. Mailing Address

21 2400 S.W. 83rd. Avenue
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For
Not Applicable

65-0386146

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

22 City & State

27 City & State

23 MIAMI, FL

28 City & State

24 Zip

Country

29 Zip

Country

33155

25 DADE

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Blanco Manuel A
2075 S.W. 27th Avenue
Suite 208
Miami, FL 33145

81 Name

LARRY NONES, CPA

82 Street Address (P.O. Box Number is Not Acceptable)

1985 N.W. 88th Court

83

Suite 201

84 City

Miami

FL

85 Zip Code

33172

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 of current or former registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

LARRY NONES CPA

7/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME P/D
STREET ADDRESS Gonzalez-Sarrain, Felipe
CITY-ST-ZIP 8795 S.W. 18th Street
Miami, FL 33165

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME Sec
STREET ADDRESS NOda, Raquel
CITY-ST-ZIP 8795 S.W. 18th Street
Miami, FL 33165

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

700001898747
-07/18/96--01102--014
***225.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Felipe Gonzalez-Sarrain, Pres.

Date

Telephone Phone #

07/11/96

CR2F034 112/051