### FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # P92000011920 (5)

### APPRAISERS OF FLORIDA, INC.

## **FILED** Apr 15 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address							
2400 SW 83RD MIAMI FL 3315		00 SW 83RD AVE Ami Fl 33155-2457								
							3. Date Incorporated or Qualified 12/11/1992		te of Last R 28/1993	leport
2, Principal P	ace of Business	2a.	Mailing Address				4. FEI Number		A	pplied For
21	1 26						<b>65-0386146</b> Not Applicable			
Suite, Apt	#, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional			
2		27					5. Certificate of Status Desired	<u>ب</u>	Fee Re	equired
City & State	?	Ĺ.,	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country		Zip	Coun	itry		8. This corporation has liability for	ntangible	tax under s	199.032,
24	25	29		30				Yes [		
	9. Name and Address of Cu	rrent Registe	ered Agent				10. Name and Address of New Re	gistered #	igent	
NON	ies, larry cpa				B1	Name				
1989	N.W. 88 TH COURT			la la	82	Street Add	lress (P.O. Box Number is Not Acceptab	le)		
SUII	<b>E 201</b>				-	Q# 2017.00	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	VI FL 33172			1	<b>B3</b>					
*****				ļ.,		Cit.			laci Zin	Cada
				'	B4	City		FL	<b>85</b> Zip	Code
SIGNATURE	Signature typed or pointed name of register	_					ation's board of directors. I hereby acception is board of directors. I hereby acception is board of directors.	DATE		
12.		AND DIREC		13.			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	PD		DELETE	1.1 T/TL	E	<del></del>			Change	Additio
NAMé	GONZALEZ-SARRAIN, FEL	IPE		1,2 NA	VIF	1				
STREET ADDRESS	8795 S.W. 18TH STREET					ADDRESS				
CITY - ST - 21F	MIAMI FL 33165			1.4 CIT						
TITLE	S		DELETE	21 117					Change	Additio
NAME	NODA, RAQUEL			2.2 NA	ME					
STREET ADDRESS	8795 SW 18 STREET					ADDRESS				
City St Zir	MIAMI FL			2.401						
Tiffe	7712 4117 7		DELETE	3.1 T(T)		11-11			Change	Additio
NAME				3.2 NA		ļ			•-	
STREET ADDRESS					_	ADDRESS				
CHTY - ST - ZIP				3.4. CIT		· · ·				
Title			DELETE	4.1 TIT		77-237		······································	Change	Additio
NAME				4, 2 NA						
STREET ADDRESS						ADDRESS				
CITY - ST - ZIP				4.4 CIT		i i				
III;E			DELETE	5 1 TITE		1 21			Change	Additio
NAME				5.2 NAI						
STREET ADDRESS						ADDRESS				
				54 CiT			:			
CHY-ST-7-P Table	- A		DELETE	61 Till		1-EIF			Change	Addilio
NAM(				6.2 NA		1				
						LODDE CO				
STREET ADDRESS						ADDRESS				
CHY-SI-ZIP		- 1:	. CC	6.4 CIT	Y - S	I - ZIP	dis Costos 110 07(2)(i) Electe Ctalute	- 1 4. mth -		

14. I do hereby certify that the information supplied with this filing 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 orector 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

0210056