FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000057796

1. Corporation Name

Paradise Appraisals, Inc

Principal Place of Business	Mailing Address
2101 Brickell Avenue Suite 210A Miami, FL 33129	2101 Brickell Avenue Suite 210A Miami, FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/4/94	3a. Date of Last Report: N/A
2. Principal Place of Business: 21 2101 Brickell Avenue	2a. Mailing Address: 26 2101 Brickell Ave
Suite, Apt. #, etc: 22 210A	Suite, Apt. #, etc: 27 210A
City & State: 23 Miami FL	City & State: 28 Miami, FL 33129
Zip: 24 33129 Country: 25 USA	Zip: 29 33129 Country: 30 USA
4. FEI Number: 65-0523559	☐ Applied For ☐ Not Applicable
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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Silvia L. Zamora 2101 Brickell Avenue, #210A Miami, FL 33129	81 Name: Silvia L. Cobeo 82 Street Address (P.O. Box Number is Not Acceptable): 2101 Brickell Avenue 83: #210A 84 City: Miami FL 85 Zip Code: 33129

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: Sylvia L. Zamora-Cobeo — 4/19/95
(Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President	11 TITLE	President	☑ Change ☑ Addition
NAME	Silvia L. Zamora	12 NAME	Allan C. Cobeo, Jr.	
STREET ADDRESS	2101 Brickell Ave, #1515	13 STREET ADDRESS	2101 Brickell Avenue, #210A	
CITY ST ZIP	Miami, FL 33130	14 CITY ST ZIP	Miami, FL 33129	
TITLE	Vice President	21 TITLE	Vice President	☑ Change ☐ Addition
NAME	Silvia L. Zamora	22 NAME	Silvia L. Cobeo	
STREET ADDRESS	150 W. Flagler St, #1515	23 STREET ADDRESS	2101 Brickell Avenue, #210A	
CITY ST ZIP	Miami FL 33129	24 CITY ST ZIP	Miami, FL 33129	
TITLE	Secretary	31 TITLE	Secretary	☑ Change ☐ Addition
NAME	Silvia L. Zamora	32 NAME	Silvia L. Cobeo	
STREET ADDRESS	150 W. Flagler St, #1515	33 STREET ADDRESS	2101 Brickell Ave, #210A	
CITY ST ZIP	Miami, FL 33130	34 CITY ST ZIP	Miami, FL 33129	
TITLE	Treasurer	41 TITLE	Treasurer	☑ Change ☑ Addition
NAME	Silvia L. Zamora	42 NAME	Allan C. Cobeo, Jr.	
STREET ADDRESS	150 W. Flagler St, #1515	43 STREET ADDRESS	2101 Brickell Avenue, #210A	
CITY ST ZIP	Miami, FL 33130	44 CITY ST ZIP	Miami, FL 33129	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		400001475384
STREET ADDRESS		53 STREET ADDRESS		-05/04/95--01026--016
CITY ST ZIP		54 CITY ST ZIP		****208.75 ****208.75
TITLE		61 TITLE		☐ Change ☐ 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 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 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: Sylvia L. Zamora-Cobeo — 4/19/95 — (305) 285-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #