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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000002641 (4)

THE VALUATION GROUP, INC.

Principal Place of Business Mailing Address 3250 MARY ST. 3250 MARY ST. SUITE 103 SUITE 103 DO NOT WRITE IN THIS SPACE **COCONUT GROVE FL 33133** COCONUT GROVE FL 33133 3. Date Incorporated or Qualified 01/09/1996 2, Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 65-0660261 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees 23 Country Zip Country Zio 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FREEMAN, LEWIS B 3250 MARY STREET Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 103 83 **MIAMI FL 33133** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE NAME O'ROURKE, MICHAEL 1.2 NAME 3250 MARY ST., SUITE 103 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. Thereby 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 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.1 THLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

8-5-14

Change

Change

Change

Addition

Addition

Addition

FILED

Feb 23 1998 8:00am

Secretary of State

CR2E034 (10/9)