PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

			•
DOCUMENT #	P9800009	3177	,

rincipal Place of Business	Mailing Address
900 SW 79RD STREET 205 Hami Fl 3313	5900 SW 73RD STREET #205 MIAMI FL 3313
2. Principal Place of Business	2a. Mailing Address

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90139 010 ***150.00

ii Corporatio	NTIAL APPRAISERS, INC.				
Principal Plac	e of Business	Mailing Address		1 jellingel ife larer ram gang gang gang gang	B 18:44 (1141 1151 1404 1441 164.
5900 SW 73RD	STREET	5900 SW 73RD STREET			
#205		#205		DO NOT WRITE IN THI	S SPACE
MIAMI FL 3313	1	MIAMI FL 3313		3. Date incorporated or Qualifed	
				11/03/1998	į
2 Debadant C	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
⊢	- indicates	26		65-0872758	Not Applicable
Suite, Apt.	#. etc.	Sulte, Apt. #, etc.			\$8.75 Additional
22	, 2.2.	27		5. Certificate of Status Desired	Fee Required
City & Stat	ie	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
_Zip	Country	Zip	Country	8. This corporation owes the current year to	
24	25	29	<u> </u>	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registerer	Agent
			81 Name		
	ICIA, RENE		82 Street	Address (P.O. Box Number is Not Acceptable)	
	SW 73RD STREET		· C	GERT SW BE AVE	
#20			83		Į.
MIA	MI FL 3313		84 City		85 Zip Code
			وستؤا ا	, Are, FI	32/57
11. Pursuant office or nagent. I a		John		comporation submits this statement for the purpose of coration's board of directors. I hereby accept the appointment of the coration of the co	intranging its registered
	Signature, typed or printed runne of registered agen			required when ministating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	PREJITE #T	ND DIRECTORS IN 12 C Change Addition C C C C C C C C C C C C C C C C C C C
TITLE	D CARONA DENIE	- Control	1.2 NAME	GARCIA RENE.	4
NAME	GARCIA, RENE			1	ረ . 🛱
STREET ADDRESS	J - *		1.3 STREET ADDRESS	16011 200 0 - 1	7 22
CITY-ST-ZIP	MIAMI FL 3313	DELETE	1.4 CiTY-ST-ZIP 2.1 TITLE	MIAMI FL 3315 TREASURER	Change St Addition U
IIILE		_ Patere	22 NAME	THELMA Y. GARCIA	_ , _
NAME			23 STREET ADDRESS		
STREET ADDRESS			2 #CITY-ST-ZIP	M. AMI FE 33187	
CITY-ST-ZIP		DELETE	3.1 TITLE	VICE-PRESIDENT	Change Addition
NAME		_	32 NAME	FRANCISCO R. SAMPU	SANO
STREET ADDRESS			3.3 STREET ADDRESS		# 6-201
CITY-ST-ZIP			3.4. CITY-ST-ZP	MIAMI FL 3317	3 .
TILE		OELETE	4.1 MLE	TREASINER	- Change - Addition
NAME			4.2 NAME	LICIAN J CHAIPOSA	Jo i
STREET ADDRESS			4.3 STREET ADORESS	7520 SW 107 ME A	6.208
CITY-ST-ZIP			4.4 CITY-ST-ZIP	H. AM, F-C 3217	3
TITLE		☐ DELETE	5.1 TITLE	,	☐ Change ☐ Addition
NAME			5.2 NAME	• • •	
STREET ADDRESS			5.3 STREET ADORESS		!
CITY-ST-ZIP			\$4 CITY-ST-ZIP	<u></u>	
CITY-ST-ZIP		☐ DELETE	\$4 CITY-ST-ZIP 6.1 गारिह		☐ Change ☐ Addition
		☐ DELETE			☐ Change ☐ Addition

6A CITY-ST-ZIP

14. I 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 each; that I am an officer or director of the copporation or the receiver or trusted propowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an apachment with an address, with all other like empowered.

SIGNATINE:

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CHATIME AND TYPED OF DOMETER NAME	E OF SIGNING OFFICER OR DIRECTOR