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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # S46589 (5)  INVESTORS APPRAISAL SERVICE INC.							
Panopal Place of Business  4940 S.W. 92ND AVENUE MIAMI FL 33165		Mailing Address 4940 S.W. 92ND AVENUE MIAMI FL 33165			-		
					3. Date incorporated or Qualified	3a. Date of Las	
Principal Place of Business		2a. Mailing Address			04/17/1991 4. FEI Number	04/14/	Applied For
Suite, Apt	#, etc.	Suite, Apt #, etc.			<b>65-0263713 5.</b> Certilicate of Status Desired		Not Applicable 75 Additional
City & State		Oty & State			6. Flection Campaign Financing	\$5	.00 May Be
L	Country	<b>28</b> Ζφ	Country		Trust Fund Contribution  8. This corporation has liability for	intangible tax under	ded to Fees rs 199.032,
	25 9. Name and Address of Curren	29 29 Agent	[30]		Florida Statutes Yes  10. Name and Address of New F	No Registered Agent	
	<u> </u>	Trogiototo rigoria	81 1	Nanie	ig. Name and Addiess of Neit I	registered Agent	
BLECHA, ROBERT 4940 S.W. 92ND AVENUE MIAMI FL 33165					ss (P.O. Box Number is Not Acceptal	oie)	<del></del>
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MIAMI F	rL 33105			-	***************************************		
		<b>84</b> Gity		City		FL  85	Zip Code
	ть, апо ассерт и е облужного от, бест	tion 607.0505, Florida Statute	is.	alion s board	Lof directors. Thereby accept the app	ontment as registe	red agent. I am
familiar wi GNATURE 2.	Styraline: Spirit or printed here of regulateral agent OFFICERS AND		OT: Rejestened Apont Se			£A38	TORS IN 12
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receipt that the information indicated on this annual report or supplemental annual report is true and final my signature shall have the same legal effect as if made under early that the information indicated on this annual report or supplemental annual report is true and accurate and final my signature shall have the same legal effect as if made under early 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 altachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96 (305) 274-5351 Date Private A