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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:44

DOCUMENT # **S66370** **(5)**

1. Corporation Name
SOUTH FLORIDA APPRAISAL SERVICE, INC.

Principal Place of Business	Mailing Address
PO BOX 831385 MIAMI FL 33283 US	PO BOX 831385 MIAMI FL 33283 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1991	3a. Date of Last Report: 05/24/1994
4. FEI Number: 65-0273073	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 6700 SW 99 AVE	26 P.O. Box 831385
Suite, Apt. #, etc. 22 MIAMI FL	Suite, Apt. #, etc. 27 MIAMI, FL
City & State 23	City & State 28
Zip 24 33173 Country 25 DADE	Zip 29 33283 Country 30 DADE

9. Name and Address of Current Registered Agent

MIRANDA, MARILYN
6700 SW 99 AVE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 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: Marilyn Miranda — 3/24/95
Signature of new registered agent (and title if applicable) — DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDT	11 TITLE	☐ Change ☐ Addition
NAME	MIRANDA, JESUS	12 NAME	
STREET ADDRESS	6700 SW 99 AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MIRANDA, JESUS	22 NAME	
STREET ADDRESS	6700 SW 99 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	SP	31 TITLE	☐ Change ☐ Addition
NAME	MIRANDA, MARILYN	32 NAME	
STREET ADDRESS	6700 SW 99 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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 10 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn Miranda — 3/24/95 — (305) 279 1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0432404 FP