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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S96360

(0)

1. Corporation Name

~~SUPERIOR UNLIMITED CORP.~~

SUPERIOR AUTO APPRAISAL SERVICES INC.

Principal Place of Business

30320 S.W. 155TH AVE.
LEISURE CITY FL 33033

Mailing Address

30320 S.W. 155TH AVE.
LEISURE CITY FL 33033-3512



3. Date Incorporated or Qualified

11/25/1991

3a. Date of Last Report

04/01/1996

4. FEI Number

65-0296748

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

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

DIAZ, JORGE
30320 S.W. 155TH AVE.
LEISURE CITY FL 33033

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ DELETE
NAME DIAZ, JORGE
STREET ADDRESS 30320 SW 155 AVE.
CITY- ST- ZIP LEISURE CITY FL

TITLE ~~PD~~ ☐ DELETE
NAME DIAZ, RAQUEL D.
STREET ADDRESS 30320 SW 155 AVE.
CITY- ST- ZIP LEISURE CITY FL

TITLE ~~PD~~ ☒ DELETE
NAME ~~DIAZ, JORGE A.~~
STREET ADDRESS ~~30320 SW 155 AVE.~~
CITY- ST- ZIP ~~LEISURE CITY FL~~

TITLE ~~PD~~ ☒ DELETE
NAME ~~DIAZ, JUAN C.~~
STREET ADDRESS ~~30320 SW 155 AVE.~~
CITY- ST- ZIP ~~LEISURE CITY FL~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Secretary ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE VICE President/Treasurer ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 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:

Jorge Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/97 (205) 246-1126
Date Daytime Phone #

CR2E034 (9/96)