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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V74010** (2)

1. Corporation Name

AIB LIFE & HEALTH UNDERWRITERS, INC.

Principal Place of Business

**2500 NW 79 AVE
MIAMI FL 33122
US**

Mailing Address

**2500 NW 79 AVE
MIAMI FL 33122-1071
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/22/1992	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0368521	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**LOPEZ, JORGE A
2500 NW 79TH AVE.
MIAMI FL 33122**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	S
NAME	FERNANDEZ, SERGIO	1.2 NAME	JORGE A. LOPEZ
STREET ADDRESS	2500 NW 79TH AVE.	1.3 STREET ADDRESS	2500 N.W. 79th Avenue
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	Miami, Florida 33122
TITLE	DP	2.1 TITLE	
NAME	ALVAREZ, JOSE M	2.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	
TITLE	DV	3.1 TITLE	
NAME	SOTO, JOHN M	3.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	3.4 CITY- ST- ZIP	
TITLE	DT	4.1 TITLE	
NAME	TORGAS, ED S	4.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	4.4 CITY- ST- ZIP	
TITLE	DV	5.1 TITLE	
NAME	CASTELLANOS, RAIMUNDO J	5.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	
NAME	VALDES-FAULI, JUAN P	6.2 NAME	
STREET ADDRESS	2500 NW 79 AVE	6.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	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:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE A. LOPEZ

4/24/97

(305) 715-0000 X3379

Date

Daytime Phone #

0182776

CR2E034 (9/96)