

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 534521 (0)
1. Corporation Name
ACTUARIAL RESEARCH & DEVELOPMENT CORP.

Principal Place of Business
2140 S. DIXIE HIGHWAY
MIAMI FL 33133

Mailing Address
2140 S. DIXIE HIGHWAY
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1977

4. FEI Number

59-1738777

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

GOLDBERG, MICHAEL C.
8555 PONCE DE LEON RD.
MIAMI FL 33143

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 CBD
NAME GOLDBERG, MICHAEL C.
STREET ADDRESS 8555 PONCE DE LEON RD.
CITY-ST-ZIP MIAMI, FL 00000

DELETE

TITLE VP
NAME MURO, KATHLEEN
STREET ADDRESS 407 S.E. 7 ST.
CITY-ST-ZIP DANIA FL

DELETE

TITLE STD
NAME GOLDBERG, CINDY L
STREET ADDRESS 8555 PONCE DE LEON RD.
CITY-ST-ZIP MIAMI FL

DELETE

TITLE V
NAME STROUD, CHRISTINE
STREET ADDRESS 7420 SW 162ND ST
CITY-ST-ZIP MIAMI FL

DELETE

TITLE EVD
NAME KENNEDY, DOUGLAS
STREET ADDRESS 12940 CORONADO TERR.
CITY-ST-ZIP N MIAMI FL

DELETE

TITLE V
NAME FLEISCHMAN, RICHARD
STREET ADDRESS 76 BREAKNECK HILL ROAD
CITY-ST-ZIP SOUTHBORO MA

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME SCHIFF, ALBERT
1.3 STREET ADDRESS 268 TRESSER BLVD, 10TH FLOOR
1.4 CITY-ST-ZIP STAMFORD, CT

Change Addition

2.1 TITLE V
2.2 NAME PRICE, BEVERLY
2.3 STREET ADDRESS 5600 SW 95 ST
2.4 CITY-ST-ZIP MIAMI, FL

Change Addition

3.1 TITLE V
3.2 NAME PRICE, SCOTT
3.3 STREET ADDRESS 5600 SW 95 ST
3.4 CITY-ST-ZIP MIAMI, FL

Change Addition

4.1 TITLE D
4.2 NAME NIERENBERG, BRUCE
4.3 STREET ADDRESS 774 GLEUNGARY DR
4.4 CITY-ST-ZIP MELBOURNE, FL

Change Addition

5.1 TITLE D
5.2 NAME ALVAREZ, CESAR
5.3 STREET ADDRESS 1221 BRICKELL AVE, 22ND FLOOR
5.4 CITY-ST-ZIP MIAMI, FL

Change Addition

6.1 TITLE V
6.2 NAME SILVERMAN, MARK
6.3 STREET ADDRESS 3110 LAKEWOOD CIR.
6.4 CITY-ST-ZIP FT LAUDERDALE, FL 33332

Change Addition

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 oath; that I am an officer or director of the corporation or the owner 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, on the attachment with an address.

SIGNATURE

MARK SILVERMAN 4/21/98 306-242-1100

CR2E034 (10/97)