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01983/01

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 534521

1. Corporation Name

ACTUARIAL RESEARCH & DEVELOPMENT CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2140 S. DIXIE HIGHWAY
 MIAMI FL 33133

Mailing Address

2140 S. DIXIE HIGHWAY
 MIAMI FL 33133

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

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

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

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

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

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

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

TITLE DELETE
 NAME V
 STREET ADDRESS FLEISCHMAN, RICHARD
 CITY-ST-ZIP 75 BREAKNECK HILL ROAD
 SOUTHBORO MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME D
 1.3 STREET ADDRESS SCHIFF, ALBERT
 1.4 CITY-ST-ZIP 263 TRESSER BLVD, 10TH FLOOR
 STAMFORD, CT

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

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

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

5.1 TITLE Change Addition
 5.2 NAME V
 5.3 STREET ADDRESS PICK, EDWARD
 5.4 CITY-ST-ZIP 2417 N GREENWAY DR
 CORAL GABLES, FL

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

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 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, with all other like empowered.

SIGNATURE:

Mark Silverman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99
 Date

305-858-8200
 Daytime Phone #

CR2E034 (1/198)