

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90113 010 ****61.25

DOCUMENT # 713308

1. Corporation Name

**THE MIAMI CHAPTER OF THE AMERICAN SOCIETY OF CLU
AND CHFC, INC.**

Principal Place of Business

9715 W. BROWARD BLVD.
#126
PLANTATION FL 33324

Mailing Address

9715 W. BROWARD BLVD.
#126
PLANTATION FL 33324



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

3. Date Incorporated or Qualified

09/07/1967

4. FEI Number

23-7227037

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

9. Name and Address of Current Registered Agent

RICE, EUGENE
4700 N STATE RD 7
#119
FORT LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

81 Name **TANYA PAGES**
82 Street Address (P.O. Box Number is Not Acceptable) **12515 SW 88TH ST, #416**
83
84 City **Miami** FL 85 Zip Code **33126**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Tanya Pages**

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	D	<input checked="" type="checkbox"/> DELETE
NAME	WOOLF, RICHARD	
STREET ADDRESS	9130 S DADELAND BLVD, #1600	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	1VPD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, LARRY	
STREET ADDRESS	7600 W. 20TH AVE., STE 109	
CITY-ST-ZIP	MIAMI FL 33016-5513	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICE, GENE	
STREET ADDRESS	4700 N. STATE RD. 7	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, LARRY	
STREET ADDRESS	7600 W 20TH AVE, #109	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAGES, TANYA	
STREET ADDRESS	12515 SW 88TH ST, #416	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robin Landers
1.3 STREET ADDRESS	321 Granelli Ave
1.4 CITY-ST-ZIP	Coral Gables, FL 33146
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jorge Martinez Font
2.3 STREET ADDRESS	9130 S Dadeland Blvd. #1218
2.4 CITY-ST-ZIP	Miami, FL 33156-7850
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TANYA PAGES
3.3 STREET ADDRESS	12515 SW 88th St. #416
3.4 CITY-ST-ZIP	Miami, FL 33126
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Howard Goldstein
4.3 STREET ADDRESS	1555 Alcala Ave.
4.4 CITY-ST-ZIP	Coral Gables, FL 33134
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99 (305) 274-6600 x3020

CR2E037 (11/98)

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