FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:46

DOCUMENT # 766472 (5)

1. Corporation Name
MIAMI ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business	Mailing Address
1065 NE 125 ST #203 N. MIAMI FL 33161	1065 NE 125 ST #203 N. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1983
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-6151309 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

NOWICKY, RAY C., CLU
1065 NE 125 ST ~~#203~~
#203
N. MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: NOWICKY, RAY C., CLU
82 Street Address (P.O. Box Number is Not Acceptable): 1065 N. E. 125 St #203
83
84 City: North Miami FL 85 Zip Code: 33161

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	1.1 TITLE	☐ Change ☐ Addition
NAME	NOWICKY, RAY C, CLV	1.2 NAME	
STREET ADDRESS	1065 NE 125 ST #203	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	Pres ☒ Change ☐ Addition
NAME	O'ROURKE, JACK C CHFC	2.2 NAME	Goldstein, Howard CLU, ChFC
STREET ADDRESS	2333 PONCE DELEON BLVD #303	2.3 STREET ADDRESS	1555 Alcala Ave
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	VP	3.1 TITLE	Vice Pres ☒ Change ☐ Addition
NAME	GOLDSTEIN, HOWARD D CLU	3.2 NAME	DeCubas, Jorge C., CLU
STREET ADDRESS	1555 ALCALA AVE	3.3 STREET ADDRESS	2151 LeJeune Rd #303
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, Fl 33134
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	KASSE, MICHAEL	4.2 NAME	
STREET ADDRESS	15105 NW 77TH AVE 3RD FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	Secy-Treas ☐ Change ☒ Addition
NAME	DECUBAS, JORGE C	5.2 NAME	Malcolm, Glenford, CLU, ChFC
STREET ADDRESS	2151 LEJEUNE RD #303	5.3 STREET ADDRESS	18441 N. W. 2 Ave #510
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	Miami, Fl 33169
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ADLER, MICHELE B	6.2 NAME	
STREET ADDRESS	0240 NW 52 TERR #518	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 is voluntarily furnished and 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.

SIGNATURE: R. C. Nowicky 1/28/95 (Bus) 893-7786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R. C. Nowicky, CLU Exec. Dir.

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