SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **01/10/1983**
3a. Date of Last Report: **02/03/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 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 R. C. Nowicky RAYMOND C. NOWICKY 7/17/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
ED	NOWICKY, RAY C, CLV 1065 NE 125 ST #203 N. MIAMI FL	☐	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ / ☐
P	GOLDSTEIN, HOWARD CLU C 1555 ALCALA AVE CORAL GABLES FL	☒	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1st V.P. ID MALCOLM, GLENFORD B, CLU, ChFC, LUTCF 18441 NW 2 AVE # 510 MIAMI, FL 33169	☐ / ☒
VP	DECUBAS, JORGE C. C 2151 LEJEUNE RD #203 CORAL GABLES FL	☐	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PRES, ID DECUBAS, JORGE R, CLU 2151 LEJEUNE Rd # 303 CORAL GABLES, FL 33134	☒ / ☐
V	KASSE, MICHAEL 15105 NW 77TH AVE 3RD FLOOR MIAMI LAKES FL	☒	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	2nd V.P. ID GERUNDO, RICHARD D, CLU, ChFC, LUTCF 6161 BLUE LAGOON DR, #300 MIAMI, FL 33126	☐ / ☒
SD	DECUBAS, JORGE C 2151 LEJEUNE RD #303 CORAL GABLES FL	☒	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	SECY/TREAS. ID ADLER, MICHELE B, RHU 8240 NW 52 Terr #518 MIAMI, FL 33166	☐ / ☒
D	ADLER, MICHELE B 8240 NW 52 TERR #518 MIAMI FL	☒	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	IMMED. PAST PRES. KASSE, MICHAEL 5805 BLUE LAGOON DR #180 MIAMI FL 33126	☐ / ☒

CR2E037 (3/96)

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)(k), 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: Raymond C. Nowicky R. C. Nowicky 7/17/96 (305) 893-7786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #