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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33161-5832

3. Date Incorporated or Qualified: 01/10/1983
3a. Date of Last Report: 07/22/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (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 3/4/97
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	ED	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	NOWICKY, RAY C, CLV		1.2 NAME	NOWICKY, RAY C. CLU	
STREET ADDRESS	1065 NE 125 ST #203		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GERUNDO, RICHARD D		2.2 NAME		
STREET ADDRESS	6161 BLUE LAGOON DR. #300		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIMIA FL 33126		2.4 CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DECUBAS, JORGE C. C		3.2 NAME		
STREET ADDRESS	2151 LEJEUNE RD #203		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	P	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	KASSE, MICHAEL		4.2 NAME	MALCOLM, GLENFORD B.	
STREET ADDRESS	15105 NW 77TH AVE 3RD FLOOR		4.3 STREET ADDRESS	18141 N.W. 2 AVE #510	
CITY-ST-ZIP	MIAMI LAKES FL		4.4 CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DST	☒ DELETE	5.1 TITLE	DST	☐ Change ☒ Addition
NAME	ADLER, MICHELE B		5.2 NAME	KASOW, ANDREW M.	
STREET ADDRESS	8240 NW 52 TERR #518		5.3 STREET ADDRESS	8603 S. DIXIE HWY #401	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	MIAMI FL 33156	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	BOUTERSE, JAMES A.	
STREET ADDRESS			6.3 STREET ADDRESS	3939 HOLLYWOOD BLVD 3rd FLR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: R C Nowicky 3/4/97 305-893-7786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0031616