

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766472** (5)
1. Corporation Name
MIAMI ASSOCIATION OF LIFE UNDERWRITERS, INC.

Principal Place of Business 1065 NE 125 ST #203 N. MIAMI FL 33161	Mailing Address 1065 NE 125 ST #203 N. MIAMI FL 33161
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/10/1983
4. FEI Number 59-6151309
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED	1.1 TITLE	☐ Change ☐ Addition
NAME	NOWICKY RAY C CLU	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	VD	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	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	PD	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	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	MALCOLM GLENFORD B	4.2 NAME	
STREET ADDRESS	18441 NW 2ND AVE 510	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	DST	5.1 TITLE	☒ Change ☐ Addition
NAME	KASOW, ANDREW M	5.2 NAME	
STREET ADDRESS	8603 S DIXIE HWY 401	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☒ Addition
NAME	BOUTERSE, JAMES A	6.2 NAME	
STREET ADDRESS	3939 HOLLYWOOD BLVD 3RD FLR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	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 unchanged, or on an attachment with an address.

SIGNATURE: C. Nowicky **RAYMOND C. NOWICKY Exec. Dir.** 1/30/98 305-893-7786

CR2E037 (10/97)