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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **766472**

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

2. Principal Place of Business 21 9241 S.W. 54 Place	2a. Mailing Address 26 9241 S.W. 54 Place	3. Date Incorporated or Qualifed 01/10/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6151309 ☐ Applied For ☐ Not Applicable
City & State 23 Cooper City, FL	City & State 28 Cooper City, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33328 25 USA	Zip / Country 29 33328 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Maud Marie Santucci
82 Street Address (P.O. Box Number is Not Acceptable): 9241 S.W. 54 Place
83
84 City: Cooper City **FL** 85 Zip Code: 33328

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 Maud Marie Santucci — Maud Marie Santucci, Exec. Dir. — 2/13/99
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	ED NOWICKY RAY C CLU 1065 NE 125 ST #203 N. MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	ED Maud Marie Santucci 9241 S.W. 54 Place Cooper City, FL 33328	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERUNDO, RICHARD D 700 S ROYAL POINCIANNA BLVD, #100 MIAMI SPRINGS FL 33166	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECUBAS, JORGE C. C 2151 LEJEUNE RD #203 CORAL GABLES FL 33134	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MALCOLM GLENFORD B 18441 NW 2ND AVE 510 MIAMI FL 33169	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KASOW, ANDREW M 8603 S DIXIE HWY 401 MIAMI FL 33143	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, DONALD A 6368 BLUE LAGOON DR, #190 MIAMI FL 33126	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Maud Marie Santucci SIGNATURE REQUIRED — Maud Marie Santucci — 2/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #