

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001397 (7)

Corporation Name

NATIONAL ASSOCIATION OF UNCLAIMED PROPERTY OWNER
S, INC.

Principal Place of Business

20633 BISCAYNE BLVD
SUITE 4-N220
MIAMI FL 33180

Mailing Address

P O BOX 64
HALLANDALE FL 33008



3. Date Incorporated or Qualified
03/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
349 ALMERIA AVE
CORAL GABLES FL 33134

81 Name

AVIAD VISOLY

82 Street Address (P.O. Box Number is Not Acceptable)

1813 NE MIAMI GARDENS DR. #100

83

84 City

MIAMI

FL

85 Zip Code

33179

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

AVIAD VISOLY

4/29/96

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	D	DELETED
NAME	VISOLY, AVIAD P	
STREET ADDRESS	20533 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	D	Change	Addition
12 NAME	Visoly, AVIAD P.		
13 STREET ADDRESS	1813 NE MIAMI GARDENS DR. #100		
14 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179		
21 TITLE	D	Change	Addition
22 NAME	Weinstein, Steve		
23 STREET ADDRESS	1813 NE MIAMI GARDENS DR. #100		
24 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179		
31 TITLE	D	Change	Addition
32 NAME	PELEG, Ariela		
33 STREET ADDRESS	1813 NE MIAMI GARDENS DR. #100		
34 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179		
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE	300001916682	Change	Addition
62 NAME	-08/08/96--01054--020		
63 STREET ADDRESS	***61.25		
64 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)