FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

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SIGNATURE:

DOCUMENT #

N95000001397 (7)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NATIONAL ASSOCIATION OF UNCLAIMED PROPERTY OWNER S, INC.

Suite, Apt. #, etc. 22 City & State City & State 28 Zip Country Zip Country Zip Country 29 30 9. Name and Address of Current Registered Agent AMERILAWVER 349 ALMERIA AVE- CORAL GABLES FL 33134	3. Date Incorporated or Qualified 03/23/1995 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 2 No 10. Name and Address of New Registered Agent Yes 20 No P.O. Box Number is Not Acceptable)
SUITE 4-1220 MIAMI FL 33180 2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28 Zip Country Zip Country 29 9. Name and Address of Current Registered Agent AMERILAWYER 349 & LMERIA AVE- CORAL GABLES FL 33134	4. FEI Number Affice Fold Not Applied For Not Applied For Not Applied For Not Applicable 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Status Fund Contribution Not Applied For
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21	4. FEI Number Affice Fol Not Applied For Not Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 10 No 10. Name and Address of New Registered Agent WIAD Visua
Suite, Apt. #, etc. 22 City & State City & State 28 Zip Country Zip Country Zip Country 29 30 9. Name and Address of Current Registered Agent AMERILAWVER 349 ALMERIA AVE- CORAL GABLES FL 33134	5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 10 No 10. Name and Address of New Registered Agent VIAO VISUS 6(P.O. Box Number is Not Acceptable)
22	5. Certificate of Status Desired SR.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution SR.75 Additional Fee Required 7. St.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent 11. Sc. P.O. Box Number is Not Acceptable
City & State	Fee Required 6. Election Campaign Financing Trust Fund Contribution C. S.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes C. Yes No 10. Name and Address of New Registered Agent C. P.O. Box Number is Not Acceptable)
28 Zip Country Zip Country Zip Country Zip Country Zip Country Zip 30 Street Address of Current Registered Agent 81 Name AMERILAWYER 82 Street Address 83 Street Address 83 Street Address 84 Ctrick Coral Gables Carrent Coral Gables Carrent C	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent VIAD VISUA S(P.O. Box Number is Not Acceptable)
Zip Country 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name AMERILAWYER 343 ALMERIA AVE- CORAL GABLES FL 33134 84 Ctrick 85 Coral Cabines	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 2 No 10. Name and Address of New Registered Agent VIAD VISUA S(P.O. Box Number is Not Acceptable)
9. Name and Address of Current Registered Agent 81 Name AMERILAWYER 82 Street Address 63 Street Address 60 FAL GABLES FL 33134	Florida Statutes Yes No 10. Name and Address of New Registered Agent VIAD VISULY S(P.O. Box Number is Not Acceptable)
AMERILAWVER 343 ALMERIA AVE GORAL GABLES FL 33134 81 Name 82 Street Address 83	VIAD VISULY S (P.O. Box Number is Not Acceptable)
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CORAL GABLES FL 33134	4.5 4.5 A. A. 23.4.0 K. A.
04 (%)	ME MITHING GAPOGIS D. H. 100
84 City	
	* A 4 85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1509. Florida Statuta at the state of the sections of Sections 617 0502 and 617 1509.	<i>i M M (</i>
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of familiar with, and accept the oblightions of, Section 617.0503, Florida Statutes. 	on submits this statement for the purpose of changing its registered office of the directors. I hereby accept the appointment as registered agent. Lam
	1/20/0
SIGNATURE Signature, typed or printed name of registered agent and title if at pleatine (NOTE Registered Agent signature required white)	429/96
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DELETE 11 TITLE D	☐ Change ☐ Addition
	ly, Aviaot.
STREET ADDRESS 20533 BISCAYNE BLVD 1.3 STREET ADDRESS 1813	ME HIAMI GARDENS DE 1100
	MHI BEACH FL 33179
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NAME 32 NAME PEU	es, Ariela
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NAME 62 NAME	-08/08/96010540 2 0
STREET ADDRESS 63 STREET ADDRESS	***61 . 25
CITY-ST-ZIP 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 certify that the information indicated on this annual report or supplemental annual report is true and accurate an early; that I am an officer or director of the compration or the receiver or this team proposed to appropriate.	e exemption stated in Section 119.07(3)(k), Florida Statutes. I further
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this repapears in Block 12 or Block 13 if glanged or on an attachment with an address.	30f as required by Chapter 617. Florida Statistani and that =

Daytime Phone #