

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Jul 30 1997 8:00am  
Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001397 (7)**

1. Corporation Name  
**NATIONAL ASSOCIATION OF UNCLAIMED PROPERTY OWNER  
S, INC.**



Principal Place of Business <b>30500 BIRDAWAY BLVD SUITE 41280 MIAMI FL 33180</b>	Mailing Address <b>P.O. BOX 64 HALLANDALE FL 33008</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1501 E. Hallandale Bch Blvd</b> Suite, Apt. #, etc. <b>22 275</b> City & State <b>23 Hallandale, FL</b> Zip <b>24 33009</b>	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>	Country <b>30</b>
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3. Date Incorporated or Qualified <b>03/23/1995</b>	3a. Date of Last Report <b>08/08/1996</b>
4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VISOLY, AVIAD**  
~~1813 N.E. MIAMI GARDENS DR. #100~~  
~~MIAMI FL 33189~~

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1501 E. Hallandale Bch Blvd.</b>
83	<b># 275</b>
84 City	<b>Hallandale</b>
85 Zip Code	<b>FL 33009</b>

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* DATE 7/23/97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VISOLY, AVIAD P</b>	
STREET ADDRESS	<del>1813 N.E. MIAMI GARDENS DR #100</del>	
CITY-ST-ZIP	<del>N. MIAMI BEACH FL 33179</del>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WEINSTEIN, STEVE</b>	
STREET ADDRESS	<del>1813 N.E. MIAMI GARDENS DR #100</del>	
CITY-ST-ZIP	<del>N. MIAMI BEACH FL 33179</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PELEG, ARIELA</b>	
STREET ADDRESS	<del>1813 N.E. MIAMI GARDENS DR #100</del>	
CITY-ST-ZIP	<del>N. MIAMI BEACH FL 33179</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>1501 E. Hallandale Bch Blvd. #275</b>
1.4 CITY-ST-ZIP	<b>Hallandale, FL 33009</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>1501 G. Hallandale Bch Blvd. #275</b>
2.4 CITY-ST-ZIP	<b>Hallandale, FL 33009</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>IRIS Fish</b>
3.3 STREET ADDRESS	<b>1501 G. Hallandale Bch Blvd. #275</b>
3.4 CITY-ST-ZIP	<b>Hallandale FL 33009</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *Aviad Visoly* SIGNATURE REQUIRED *IRIS Fish*

CR2E037 (4/97)