

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **V74010** (2)

1. Corporation Name  
**AIB LIFE & HEALTH UNDERWRITERS, INC.**

Principal Place of Business

**2500 NW 79 AVE  
MIAMI FL 33122  
US**

Mailing Address

**2500 NW 79 AVE  
MIAMI FL 33122-1071  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/22/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0368521</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LOPEZ, JORGE A  
2500 NW 79TH AVE.  
MIAMI FL 33122**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	<b>DV</b>	1.1 TITLE	<b>S</b>
NAME	<b>FERNANDEZ, SERGIO</b>	1.2 NAME	<b>JORGE A. LOPEZ</b>
STREET ADDRESS	<b>2500 NW 79TH AVE.</b>	1.3 STREET ADDRESS	<b>2500 N.W. 79th Avenue</b>
CITY- ST- ZIP	<b>MIAMI FL</b>	1.4 CITY- ST- ZIP	<b>Miami, Florida 33122</b>
TITLE	<b>DP</b>	2.1 TITLE	
NAME	<b>ALVAREZ, JOSE M</b>	2.2 NAME	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	2.4 CITY- ST- ZIP	
TITLE	<b>DV</b>	3.1 TITLE	
NAME	<b>SOTO, JOHN M</b>	3.2 NAME	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	3.4 CITY- ST- ZIP	
TITLE	<b>DT</b>	4.1 TITLE	
NAME	<b>TORGAS, ED S</b>	4.2 NAME	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	4.4 CITY- ST- ZIP	
TITLE	<b>DV</b>	5.1 TITLE	
NAME	<b>CASTELLANOS, RAIMUNDO J</b>	5.2 NAME	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	5.4 CITY- ST- ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>VALDES-FAULI, JUAN P</b>	6.2 NAME	
STREET ADDRESS	<b>2500 NW 79 AVE</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL</b>	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JORGE A. LOPEZ**

**4/24/97**

**(305) 715-0000 X3379**

Date

Daytime Phone #

0162776

CR2E034 (9/96)