

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 485911 (2)

1. Corporation Name:

INSURANCE MARKETING CENTER, INC.



Principal Place of Business

3212 N.W. 79TH AVENUE
MIAMI FL 33122

Mailing Address

2500 NE 79 AVE #20
MIAMI FL 33122
US

3. Date Incorporated or Qualified
09/17/1975

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 2500 N.W. 79 Ave + 201

26 2500 N.W. 79 Ave

4. FEI Number
59-1638544

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami

27 #201

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State

28 Miami FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALAS, C M
200 S. E. FIRST STREET
SUITE 403
MIAMI FL 33131

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 firm if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GIMENEZ, FERNANDO
5861 S.W. 90TH COURT
MIAMI FL

☐ DELETE

1.2 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
V
GOMEZ, MARIA
3212 NW 79TH AVE
MIAMI FL

☐ DELETE

1.3 TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
GIMENEZ JR, FERNANDO
5861 S.W. 90TH COURT
MIAMI FL

☐ DELETE

1.4 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.5 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.6 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.7 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.8 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/95

Date

305-593/144

Daytime Phone #

CR2E034 (12/95)