

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB -3 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *J68207*

1. Corporation Name

Insurance Marketers, INC..

Principal Place of Business

Mailing Address

141 Almeria Avenue
Coral Gables, FL 33134

141 Almeria Avenue
Coral Gables, FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

Milian, Evarist Jr.
141 Almeria Avenue
Coral Gables, FL 33134

81 Name

82 Street Address (P.O.)

83

84 City

FL 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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **President**
STREET ADDRESS **Milian, Evarist Jr.**
CITY-ST-ZIP **141 Almeria Avenue**
Coral Gables, FL 33134

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE DELETE
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CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME **200002766142--8**
13 STREET ADDRESS **-02/05/99--01082--022**
14 CITY-ST-ZIP ******150.00 ****150.00**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP
31 TITLE Change Addition
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP
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 Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 with all other like empowered.

SIGNATURE:

Evarist Milian 01/26/99

(305) 442-9507

CR2E034 (1/198)

B 2/4/99 9992