

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 AUG -8 11:11:32

DOCUMENT # P94000015712 (0)

1. Corporation Name

THE INSURANCE MARKETPLACE, INC.

Principal Place of Business

Mailing Address

299 ALHAMBRA CIRCLE
SUITE 401
CORAL GABLES FL 33134

299 ALHAMBRA CIRCLE
SUITE 401
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/24/1994

4. FEI Number

65-0469755

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, LUIS A
7171 CORAL WAY STE. 500
MIAMI FL 33155

81 Name

HERMINIO LORIE

82 Street Address (P.O. Box Number is Not Acceptable)

299 ALHAMBRA CIR.

83

STE 401

84 City

CORAL GABLES

FL

85 Zip Code

33134

11. Pursuant to the provisions of Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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

HERMINIO LORIE PRES. HERMINIO LORIE

(NOTE: Registered Agent signature required when reinstating)

DATE

8/5/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LORIE, HERMINIO
STREET ADDRESS 1230 S.W. 131ST PLACE CIRCLE WEST
CITY - ST - ZIP MIAMI FL 33184

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PRES. LORIE, HERMINIO
NO CHANGE IN ADDRESS

Change Addition

TITLE D
NAME LORIE, ROBERT F
STREET ADDRESS 6255 SW 152ND AVENUE STE. 409
CITY - ST - ZIP MIAMI FL 33193

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VICE PRES.
17021 SW 139 PL MIAMI, FL 33177
NO OTHER CHANGES

Change Addition

TITLE D
NAME GONZALEZ, LUIS A
STREET ADDRESS 2921 SW 132ND AVENUE
CITY - ST - ZIP MIAMI FL 33175

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

DELETE THIS OFFICER

Change Addition

TITLE D
NAME GONZALEZ, ESTHER
STREET ADDRESS 2921 SW 132ND AVENUE
CITY - ST - ZIP MIAMI FL 33175

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

DELETE THIS OFFICER

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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 registered 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:

HERMINIO LORIE HERMINIO LORIE PRES

305 445 2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature Page 4)

CR3E034 (3/95)