

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

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1998



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

DOCUMENT # K 31224
 1. Corporation Name

ANY SEASON INSULATION.

Principal Place of Business
7501 NW 55 St.
Miami, Fla. 33166

Mailing Address
10055 SW 143 St.
Miami, Fla. 33176.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business
 21 **7501 NW 55 St.**
 Suite, Apt #, etc
 22
 City & State
 23 **Miami, Fla.**
 Zip Country
 24 **33166** 25

2a. Mailing Address
 26 **10055 SW 143 St.**
 Suite, Apt #, etc.
 27
 City & State
 28 **Miami, Fla.**
 Zip Country
 29 **33176** 30

4. FEI Number **65-0072694**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **Manuel Modrono.**
 82 Street Address (P.O. Box Number is Not Acceptable)
10055 SW 143 St.
 83
 84 City **Miami.** FL 85 Zip Code **33176**

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 *Manuel Modrono*

5/1/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	President.	<input type="checkbox"/> DELETE
NAME	Manuel Modrono	
STREET ADDRESS	10055 SW 143 St.	
CITY-ST-ZIP	Miami, Fla. 33176.	
TITLE	Treasure	<input type="checkbox"/> DELETE
NAME	Lourdes Modrono	
STREET ADDRESS	10055 SW 143 St.	
CITY-ST-ZIP	Miami, Fla. 33176.	
TITLE	Vice-President.	<input type="checkbox"/> DELETE
NAME	Manuel A. Modrono Jr.	
STREET ADDRESS	2290 SW 141 Pl.	
CITY-ST-ZIP	Miami, Fla. 33175.	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****150.00**

14. I 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 supplementary 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 or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed or on an attached with an address.

SIGNATURE: *Manuel Modrono* Manuel Modrono 4/7/98 (305) 593-8980.

CR2E034 (10/97)