

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000003315 (5)**

1. Corporation Name

FOUR SEASONS INSULATION INC.



Principal Place of Business

**7501 NW 55TH STREET
MIAMI FL 33166**

Mailing Address

**7501 NW 55TH STREET
MIAMI FL 33166**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

9. Name and Address of Current Registered Agent

**ALABALAT, NORBERTO J JR.
7501 NW 55TH STREET
MIAMI FL 33166**

3. Date Incorporated or Qualified

01/12/1995

3a. Date of Last Report

4. FEI Number

65-0546047

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

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 607.1102 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 regulations contained in 607.0505, Florida Statutes.

SIGNATURE

NORBERTO J ALBALAT President

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

**D
ALABALAT, NORBERTO J JR.
7501 NW 55TH STREET
MIAMI FL 33166**

1.2 TITLE ☐ DELETE

**O
FREDDY SANCHEZ
7501 NW 55 St.
Miami, Fla. 33166**

1.3 TITLE ☐ DELETE

**O
GUILLERMO VALDEZ
7501 NW 55 St.
Miami, Fla. 33166.**

1.4 TITLE ☐ DELETE

1.5 TITLE ☐ DELETE

1.6 TITLE ☐ DELETE

1.7 TITLE ☐ DELETE

1.8 TITLE ☐ DELETE

1.9 TITLE ☐ DELETE

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1.16 TITLE ☐ DELETE

1.17 TITLE ☐ DELETE

1.18 TITLE ☐ DELETE

1.19 TITLE ☐ DELETE

1.20 TITLE ☐ DELETE

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

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY - ST - ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 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:

NORBERTO J ALBALAT 1-30-96 (305) 470-9466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(11)

Day/Time Phone #

CR2E034 (12/95)