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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000075829 (7)

THE INSULATION GROUP, CORP.

Principal Place of Business	S
1411 SW 57TH AVE.	

Mailing Address

## **FILED** Jun 04 1997 8:00am Secretary of State



1411 SW 57TH AVE. CORAL GABLES FL 33144		1411 SW 57TH AVE. CORAL GABLES FL 33144	1411 SW 57TH AVE. CORAL GABLES FL 33144-5719					
					3. Date Incorporated or Qualified 09/10/1996	3a. Date of Las	t Repart	
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	1 -	Applied For	
21		26	26			65-067 33 98 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #. etc.	<del>                                     </del>		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	е	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Z(p	Count	ry	8. This corporation has liability for			
24					10. Name and Address of New Registered Agent			
QI JE	RRA, JOSE J		8	1 Name				
	1 SW 57TH AVE.		8	2 Circos A	ddress (P.O. Box Number is Not Acceptab	de)		
	RAL GABLES FL 33144		8:		doress (F.O. Box Number is Not Acceptate			
l			8	4 City		FL  85   Z	ip Code	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508. Florida Statul	les, the abo	ve-named c	orporation submits this statement for the p		a its registered	
office or r	egistered agent, or both, in the St	tate of Florida. Such change was bligations of, Section 607.0505, Ft	authorized t	by the corpo	ration's board of directors. I hereby accep	ot the appointment	as registered	
SIGNATURE	an ignimal tribi, bito doopt the or	ongations of cootion controlog, in	onaci olator					
SIGNATURE	Signature, typed or printed name of registered	d agont and tille if approable (NO)	It Registered A	gent signature re	quired when reinstating)	DATE		
12.		AND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC			
TITLE	DP 100E I	DELETE	1.1 7171,6	)		Chang	ge 🔲 Addition 🧃	
NAME	GUERRA, JOSE J		1.2 NAME					
STREET ADDRESS	1411 SW 57TH AVE.		1.3 STRE	ET ADDRESS			ļi	
CITY-ST-ZIP	CORAL GABLES FL 33144	Drive	14 CITY				<del></del>	
TITLE	DVS CHECOA HIANNA	L_ DELETE	2 1 1II(F	ì		Chang	ge L. Addition C	
NAME	GUERRA, JUANNA 1411 SW 57TH AVE.		2.2 NAME					
STREET ADDRESS	CORAL GABLES FL 33144		ı	ET ADDRESS				
CITY-ST-ZIP TITLE	COTTLE GALLETTE COTTA	DELETE	2 4 CITY 3.1 TITLE	- 51 - 21		Chang	ge Addition	
NAME			3.2 NAME	.		CJ Glian	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS				ET ADDRESS			İ	
CITY-ST-ZIP			3 4, CITY	1				
TITLE	<u> </u>	DELETE	4.1 TILLÉ			Chang	ge Addition	
NAME			4. 2 NAM				_	
STREET AODRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY					
TITLE		☐ DELETE	5.1 TITLE			Chang	e Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY -	ST-ZIP				
TITLE		DELE1E	6.1 TITLE			Chang	noilibbA ag	
NAME			6.2 NAME	:				
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			6 4 C/TY-					
14. I do heret	by certify that the information supp	plied with this filing does not qual	fy for the ex	emption sta	ted in Section 119.07(3)(i), Florida Statute	s. I further certify the	nat 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 eath; 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 40 or an attrachment with an address.