


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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000055276 (4)

1. Corporation Name
INSOMNIA GROUP, INC.

Principal Place of Business

805-A LIVE OAK RD.
VERO BEACH FL 32963

Mailing Address

805-A LIVE OAK RD.
VERO BEACH FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1997

4. FEI Number

65-0763492

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

2. Principal Place of Business

21 9971 SW 218 Terr

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33190

Country

25 USA

2a. Mailing Address

26 9971 SW 218 Terr

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33190

Country

30 USA

9. Name and Address of Current Registered Agent

POST, JAMES T
805-A LIVE OAK RD.
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

James T. Post

82

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

9971 SW 218 Terrace

83

84 City

Miami

FL

85 Zip Code
33190

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

 President

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-98

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James T. Post	
1.3 STREET ADDRESS	9971 SW 218 Terr	
1.4 CITY-ST-ZIP	Miami FL 33190	

2.1 TITLE	Juan Camillo Jaramillo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President	
2.3 STREET ADDRESS	9971 SW 218 Terr	
2.4 CITY-ST-ZIP	Miami FL 33190	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

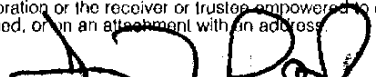
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(i), 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 in an attachment with an address.

SIGNATURE:



4-1-98

305-925-5655

CR2E034 (10/97)