FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001462 (8)**

1. Corporation Name
HURRICANE PREVENTION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~1600 LEJEUNE RD~~ ~~SUITE 15~~ ~~MIAMI FL 33134~~ 600 Brickell Ave Suite 504 Miami, FL 33131	~~1600 LEJEUNE RD~~ ~~SUITE 15~~ ~~MIAMI FL 33134~~ 600 Brickell Ave Ste #504 Miami, FL 33131

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 600 Brickell Ave	26 600 Brickell Ave
22 Suite, Apt. #, etc. Suite 504	27 Suite, Apt. #, etc. Suite 504
23 City & State Miami, Florida	28 City & State Miami, Florida
24 Zip 33131 / 25 Country	29 Zip 33131 / 30 Country

4. FEI Number: 650469204 ☐ 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

9. Name and Address of Current Registered Agent

CENAL, MICHELLE J
1600 LEJEUNE RD
SUITE 15
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name: CENAL, Michelle J.
82 Street Address (P.O. Box Number is Not Acceptable): 3660 S.W. 19 STREET
83
84 City: Miami FL 85 Zip Code: 33145

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: _____ (Typed or printed name of registered agent and title if applicable) (Registered Agent Signature required when mandatory) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☒ Change ☐ Addition
NAME	CENAL, MICHELLE J	12 NAME	
STREET ADDRESS	1600 LEJEUNE RD SUITE 15	13 STREET ADDRESS	3660 S.W. 19 STREET
CITY ST ZIP	MIAMI FL 33134	14 CITY ST ZIP	Miami, FL 33145
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing 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: Michelle Cenal Michelle Cenal 7/10/95 305-374-3707
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0140557 CP