

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000001462 (8)

1. Corporation Name

HURRICANE PREVENTION, INC.



Principal Place of Business

Mailing Address

600 BRICKELL AVE
STE N504
MIAMI FL 33131
US

600 BRICKELL AVE
STE 504
MIAMI FL 33131
US

3. Date Incorporated or Qualified
01/06/1994

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21 7860 Camino Real
Suite, Apt #, etc.
L-408

26 7860 Camino Real
Suite, Apt #, etc.
L-408

4. FEI Number
65-0469204

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

23 City & State
Miami, Florida

28 City & State
Miami, FL

24 Zip
33143

25 Country
USA

29 Zip
33143

30 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CENAL, MICHELLE J
3680 SW 19TH ST
MIAMI FL 33145

540 Brickell Key Drive
1007
Miami, FL 33131

81 Name
CENAL, MICHELLE J

82 Street Address (P.O. Box Number is Not Acceptable)
540 BRICKELL KEY DRIVE # 1007

83

84 City
Miami

FL

85 Zip Code
33131

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

Signature, typed or printed name of registered agent and title, if applicable.

(Print) Registered Agent signature required when re-registering.

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
CENAL, MICHELLE J
3680 SW 19TH ST
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle CenAL

7/29/96 305-374-3707

CR2E034 (3/96)