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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400001462 (8)

HURRICANE PREVENTION, INC.

Principal Place of Business Mailing Address 7860 CAMINO REAL 7860 CAMINO REAL SUITE L408 #L-408 DO NOT WRITE IN THIS SPACE MIAMI FL 33143 MIAMI FL 33143 HS 3. Date Incorporated or Qualified 11\$ 01/06/1994 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0469204 Camino Real Not Applicable 7732 Camino Real $\Box 3a$ **\$8.75** Additional Suite, Apt. #. etc 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Miami Trust Fund Contribution Added to Fees 28 Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. J/Yes 30 Personal Property Tax due June 30. Yes

10. Name and Address of New Registered Agent 25 29 9. Name and Address of Current Registered Agent Bi CENAL, MICHELLE J 540 BRICKELL KEY DR., #1818 82 **MIAMI FL 33131** 83 84 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. On both, in the State of Jorda. 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 plorida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. J P 5 DPST Change Addition DELETE 1.1 TITLE TITLE CENAL CENAL, MICHELLE J NAME 1.2 NAME 5Tn 4+T **540 BRICKELL KEY DR., #1818** 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST-ZIP Change ■ Addition DELETÉ 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

44. 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 suppliemental 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 of the receiver or trustee ompowered 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 attackment with an address.

4.4 CITY - ST-ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

54 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

DELETE

DELETE

4-7-98

Change

☐ Change

Addition

Addition

FILED

Apr 15 1998 8:00am

Secretary of State