

Amended Annual Report for 1999

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000001462 1. Corporation Name HURRICANE PREVENTION, INC.	
Principal Place of Business 7732 CAMINO REAL #GF-319 F319 MIAMI FL 33143 US	Mailing Address 7732 CAMINO REAL #F 319 MIAMI FL 33143 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified	4. FEI Number	Applied For
01/06/1994	65-0469204	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing	8. This corporation owes the current year Intangible Personal Property Tax.
<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
CENAL, MICHELLE J 5310 SW 72ND STREET MIAMI FL 33143	

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT - SECRETARY <input type="checkbox"/> DELETE
NAME	CENAL, MICHELLE J
STREET ADDRESS	5310 S.W. 72ND STREET
CITY-ST-ZIP	MIAMI FL 33143
TITLE	VICE-PRESIDENT <input type="checkbox"/> DELETE
NAME	RUBEN J. CENAL
STREET ADDRESS	7732 Camino Real F-319
CITY-ST-ZIP	MIAMI, FL. 33143
TITLE	TREASURER <input type="checkbox"/> DELETE
NAME	ANDRES SOTO
STREET ADDRESS	7865 Camino Real L-315
CITY-ST-ZIP	MIAMI, FL. 33143
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 on an attachment with this report, with all other like empowered.

SIGNATURE: Michelle Cenal michelle Cenal 12/15/99 305-270-1282