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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059599 (6)

DISASTER CONSULTANTS, INC.

Principal Place of Business

1720 HARRISON STREET SUITE 1735 Mailing Address

1720 HARRISON STREET SUITE 1735 HOLLYWOOD EL 39020

## FILED May 21 1998 8:00am Secretary of State



HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/17/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 19530 NE 18 CT 26 19530 NE 18 CT 65-0686990 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be Election Campaign Financing 23 NORTH MIAMI BEACH 28 NORTH MIAMI BEACH, FL Added to Fees Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible 29 33179-8656 Personal Property Tax due June 30. Yes □ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GOEBEL. JEROME A VAREZ RICARDO 1720 HARRISON STREET 82 **SUITE 1735** 83 HOLLYWOOD FL 33020 City NORTH MAMI BEACH 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 targillar with, and accept the obligations of, Section 607.0505, Florida Statutes. RICARDO A. ALVAREZ legistered Agent signature required when reinstating) OF NCE IS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TOLE Change Addition TITI F ALVAREZ, RICARDO A NAME 1.2 NAME 19530 N.E. 18TH COURT STREET ADDRESS 1.3 STREET ADDRESS **NORTH MIAMI BEACH FL 33179** CITY-ST-ZIP 1.4 CITY-ST-2IP DELETE Change Addition TITLE 2.1 TITLE **GOEBEL, JEROME A** NAME 2.2 NAME **5209 HARRISON STREET** STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition **BRILL. LAWRENCE F** NAME 3.2 NAME 2901 PONCE DE LEON BLVD STREET ADDRESS 3.3 STREET ADDRESS CORAL GABLES FL 33134 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CiTY-ST-7IP DELETE 5.1 NILE ☐ Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$T-ZIP 5.4 CITY - ST - ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 eath; 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.