

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 OCT 27 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0021905

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 237000067538 P97 000070071			
1. Corporation Name MARVELOUS TRAVELING INC HURRICANE HOLDINGS, INC			
Principal Place of Business 439 LYTLE ST WEST PALM BEACH, FL 33405 439 LYTLE ST WEST PALM BEACH 33405		Mailing Address 439 LYTLE ST WEST PALM BEACH, FL 33405 439 LYTLE ST WEST PALM BEACH, FL 33405	
2. Principal Place of Business 21 439 LYTLE ST		2a. Mailing Address 26 SAME	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 WEST PALM BCH, FL		City & State 28	
Zip 24 33405	Country 25 USA	Zip 29	Country 30
9. Name and Address of Current Registered Agent PORTIN MUGO EPH 301 PICKET KEN DRIVE BND ELOCH WPA FL 33405 ROD RICHMAN BRY 439 LYTLE ST WPB, FL 33405			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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 <i>[Signature]</i> DATE 10.26.98 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME PERDONDASHAEV STREET ADDRESS 34 WEST 15TH STREET CITY-ST-ZIP HALEAH FL 33410		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME PRESIDENT STREET ADDRESS RICHMAN BRY CITY-ST-ZIP 439 LYTLE ST WPB, FL 33405		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 300002678593-7 2.3 STREET ADDRESS -11/03/98-01098-005 2.4 CITY-ST-ZIP ***150.00 ***150.00	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 an address. SIGNATURE: <i>[Signature]</i> SIGNATURE REQUIRED 10.26.98 561-252-0544			

CR2E034 (5/98)

7072

October 24th, 1998

**To : Dept of Corporations
 Reinstatement Dept.**

**From: Hurricane Holdings, Inc/
 David E. Lievano
 345 Colonial Rd
 West Palm Beach, Florida 33465
 561-586-3186 fax
 561-252-0544 Office
 561-585-0825 VM**

RE: Reinstatement of Corporations

Dear Sir/Madam :

Enclosed you will find a ck in the amount of \$ 150.00 for reinstatement of corporation. We did not received notice of payment to file in a timely fashion and per your office we are sending a fee \$ 150.00 with this letter.

If you have any questions regarding the above please do not hesitate to contact me as soon as possible.

Sincerely,



Hurricane Holdings , Inc.