AM	SECONE	NOTICE: CORPORATION E ON OR BEFORE 8/7/96: \$22	WILL BE DISSOLVE	D ON OR AFTE	R AUGUST	7, 1996.		
	COI	PROFIT RPORATION UAL REPORT 1996		FLORIDA DEP Sandra	ARTMENT C a B. Mortha etary of State	OF STATE		
D	OCU Corporation	MENT # PS	5000048	3535 (5	5)			
	HEAV	EN ON EARTH INC.		•	,) 1801/861 JIB (BIB) BANK BBNA BBAN	
Principal Place of Business Mailing Address								
1044 SOUTH MIAMI AVENUE. REAR 1044 SOUTH MIAMI AVE MIAMI FL 33131 MIAMI FL 33131					AVENUE. REA	AR		
	D	200					3. Date Incorporated or Qual-fied 06/15/1995	3a. Date of Last Report
21	2. Principal Place of Business Suite, Apt. #, etc.			2a. Mailing Address 26			65 063 3014	
22				Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Cily & State			City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip	Country Zip 25 29 9. Name and Address of Current Registered Agent		Cour 30	ntry	8. This corporation has liability for Florida Statutes	intangible tax under s. 199 032 Yes No	
		ARCIA, LONOR J	of Current Registered	d Agent		81 Name	10. Name and Address of New Re	gistered Agent
1044 SOUTH MIAMI AVENUE, REAR MIAMI FL 33131					-	82 Street Add	fress (P.O. Box Number is Not Acceptate	
					83			
^ /					-	84 City		■ 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes office or registered agent, or both, in the State of Londa. Such change was authagent. I am familiar with, and accept the objigations of, Section 607.0505, Florida.					ites the abo	, í	noraban submits the statement for the o	
	office or r	registered agent, or both, in am familiar with, and accept	the State of Fondal Sc the obligations of, Sec	uch change was ition 607.0505, F	authorized lorida Statul	by the corporat	ion's board of directors. Thereby accept	the appointment as registered
	NATURE	Signature, typed or printed name of re	Sterey good and little of appli				ired when reinstaling)	
12.		OFFICERS AND DIREC					ADDITIONS/CHANGES TO OFFIC	1
NAME			l			E AE		Change Addition
STREET ADDRESS % 1044		% 1044 SOUTH MIA	14 SOUTH MIAMI AVENUE, REAR			EE1 ADDRESS		
CITY-	Y-ST-ZIP MIAMI FL 33131			DELETE	1 4 CHY - ST - ZIP DELETE 2 1 TITLE			
NAME	NAME			C Section		AE		Change Add tion C
	STREET ADDRESS				2 3 STR	EET ADORESS		
CITY-	CITY - ST - ZIP			2 4 CHY+SF-ZIP DELETE 31 TITLE				
NAME	NAME				3 2 NAA			Change Addition
STREET ADDRESS				H12 E E	EET ADDRESS			
CITY-	City-ST-ZIP Tifle			DELETE 4.1		Y · ST - ZIP		Channel
NAME	NAME			4 2 NAME				Change Addition
	ET ADORESS				4 3 S T R	ÉET ADDRESS		
CITY-	ST-ZIP			DELETE	4 4 CITY 5 1 TITE	-ST-ZIP	······································	
NAME			5 2 NAME				Change Addition	
	T ADDRESS				5 3 STA	EET ADDRESS		
CITY -	ST-ZIP			DELETE		- ST - ZIP		
NAME				m orceit	6 1 TiTL 6 2 NAW			Change Addition
STREET ADDRESS				6 3 STREET ADDRESS				
14.	ST-ZIP I do hereb	by certify that the information	supplied with this film	ig is v al lintadote	repebod on	·SF-ZIP	ify for the exemption stated in Section 1	12.07(2)(0.1.5)
	made: und	er oath, that Lam an officer	or director of the corp.	sport of suppliers	ental annua	report is true a	ify for the exemption stated in Section 1 and accurate and that my signature shal d to execute this report as required by C	
	macmy na	ame appears in Block 12 of E	stock 13 if changed, or	ori nn attachme	nt with an a	ddress	,	, = =,
SIC	GNAT	URE: BIGHATUME AND	TYPEO OR PRINTED NAME	OF SIGNING OFFICER	OR DIRECTOR		€at->	Dayma-Phone #