

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

PROFIT CORPORATION ANNUAL REPORT 1997  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 OCT 22 AM 10:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F93000000092

1. Corporation Name

Heavenly Cause Foundation

Principal Place of Business

Mailing Address

333 NE 8th Street P.O. Box #900969  
 Homestead, FL 33030 Homestead, FL 33090-0969

3. Date Incorporated or Qualified 08/23/1996  
 3a. Date of Last Report 10/11/96

2. Principal Place of Business 2a. Mailing Address

21 333 NE 8th Street 26 P.O. Box #900969  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 25-1614536  
 Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Homestead, FL 28 Homestead, FL  
 Zip Country Zip Country

6. Election Campaign Financing \$5.00 May Be Added to Fees  
 Trust Fund Contribution

24 33030 25 USA 29 33090 30 USA

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Deborah D. Skipper  
 Corporation Service Company  
 1201 Hays Street  
 Tallahassee, FL 32301

81 Name Raul E. Pastran  
 82 Street Address (P.O. Box Number is Not Acceptable) 333 NE 8th Street  
 83  
 84 City Homestead FL 85 Zip Code 33030

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 Raul E. Pastran 10/10/97  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. / Director Ryan, Edward M. 814 SW 7 Terr, Florida City, FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP / Director Ryan, Ann C. Same as above	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP / Director Kalland, Michael Same as above	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Change Addition 700002328537 -10/23/97--01106--011
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Terry Bove Same as above	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Change Addition ***70.00***
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP / Director Kalland, Denise Same as above	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS Skipper, Deborah 1201 Hays St. Tallahassee, FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	Change Addition

14. I do 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: Michael Kalland Michael Kalland 10/10/9 242-9115  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*

CR2E034 (9/96)