

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$234.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000092

1. Corporation Name
HEAVENLY CAUSE FOUNDATION INCORPORATED

Principal Place of Business
333 NE 8TH STREET
HOMESTEAD FL 33030

Mailing Address
P.O. BOX 900969
HOMESTEAD FL 33080

FILED

99 DEC -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99
01/06/1999

2. Principal Place of Business		2a. Mailing Address		3. Date of Incorporation (DD/MM/YYYY)	
21		26		01/06/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		25-1614536	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

PASTRAN, RAUL E
333 NE 8TH STREET
HOMESTEAD FL 33030

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 11/29/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RYAN, EDWARD M	1.2 NAME	
STREET ADDRESS	814 SOUTHWEST 7TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL 33034	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	RYAN, ANN C	2.2 NAME	
STREET ADDRESS	814 SOUTHWEST 7TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL 33034	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	KALLAND, MICHAEL	3.2 NAME	
STREET ADDRESS	814 SOUTHWEST 7TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL 33034	3.4 CITY-ST-ZIP	
TITLE	S D	4.1 TITLE	
NAME	BOVE, TERRY	4.2 NAME	
STREET ADDRESS	814 SOUTHWEST 7TH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL 33034	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 9-27-99

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