

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **M05164** (2)

1. Corporation Name

**HEAVENLY CORPORATION**

Principal Place of Business

**10811 S.W. 33 ST.  
MIAMI FL 33165**

Mailing Address

**10811 S.W. 33 ST.  
MIAMI FL 33165**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**09/13/1984**

3a. Date of Last Report

**04/14/1995**

4. FEI Number

**59-2444866**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

**PADRON, CARMEN I.  
8422 N.W. 56 ST.  
MIAMI FL**

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

(Print or type name of person signing this statement)

(Print or type name of person signing this statement)

(Date)

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**PD  
PADRON, CARMEN I.  
10811 S.W. 33 ST.  
MIAMI FL**

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**SD  
PADRON, PETER  
10811 SW 33 ST  
MIAMI FL**

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Carmen Padron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

Date

Signature Required

CR2E034 (12/95)