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Change

Addition

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9300003490

1. Corporation Name

		Y TO HEAVEN, INC.				
Principal Pla	ce of Business	Mailing Address		_		
199 SW 12 A	VE	199 SW 12 AVE.				
#12 MIAMI FL 331	30	#12 Miami Fl 33130	•		 	
US	••····································	US				
2. Principal I	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 07/30/1993		
21	#	26 Suite Ast # etc	<u> </u>	4. FEI Number	Applie	ed For. :
22	t: #, etc.	_ Suite Apt #, etc.	The sale of the sale of the sale	65-0430157		Applicable
City & Sta	ate	City & State		5. Certificate of Status Desired	\$8.75 Add	ditional
23	,	28		5. Certifcate of Status Desired	Fee Requ	ired
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 ма	
24	25	29 30	<u> </u>	Trust Fund Contribution	Added to F	Fees
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Register	red Agent	
			81 Name		·	
RICARDO PENA			82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
	2 ST.B-3		83		 	
miami fl	. 33135					
	, '	•	84 City	,	85 Zip Cod	de
11. Pursuan	t to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes, of Florida, Such change was author	the above-named corp orized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registropointment as registropointment	gistered tered
11. Pursuan office or agent. I	am ramiliar with, and accept the colligation of registered age	nt and title if applicable. (NOTE: Rec	gistered Agent signature require			
SIGNATURE	Signature, typed or printed name of registered age. OFFICERS AN	nt and title if applicable. (NOTE: Red	gistered Agent signature require		AND DIRECTORS	S IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE: Rec	gistered Agent signature require 13. 1.1 TITLE	d when reinstating) DATE		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD PENA, RICARDO	nt and title if applicable. (NOTE: Red	gistored Agent signature require 13. 1.1 TITLE 1.2 NAME	d when reinstating) DATE	AND DIRECTORS	S IN 12
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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME