


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90020 009 ****61.25

07-27-1999 90020 010 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004925

1. Corporation Name

HEAVENLY MIRACLES, INC.

Principal Place of Business

5008 SW 21ST STREET
 HOLLYWOOD FL 33023

Mailing Address

5008 SW 21ST STREET
 HOLLYWOOD FL 33023



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1998	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0858444		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30			

9. Name and Address of Current Registered Agent

FAIRCHILD, CAROL
 5008 SW 21ST STREET
 HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name	MAYBELLE R. DAVIS		
82 Street Address (P.O. Box Number is Not Acceptable)			
83	5008 SW 21ST ST		
84 City	85 Zip Code	FL 33023	

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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Maybelle R. Davis* (NOTE: Registered Agent signature required when reinstating) DATE: 4-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FAIRCHILD, CAROL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRCHILD, CAROL	1.2 NAME	HERMAN J. DAVIS
STREET ADDRESS	5008 SW 21ST STREET	1.3 STREET ADDRESS	5008 SW 21ST ST
CITY-ST-ZIP	HOLLYWOOD FL 33023	1.4 CITY-ST-ZIP	Hollywood, FL 33023
TITLE	SD LEE, MAMIE <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, MAMIE	2.2 NAME	LEE, MAMIE
STREET ADDRESS	5008 SW 21ST STREET	2.3 STREET ADDRESS	2965 NW 206th St.
CITY-ST-ZIP	HOLLYWOOD FL 33023	2.4 CITY-ST-ZIP	Carol City, FL 33055
TITLE	TD MCDANIEL, JOHNNY <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, JOHNNY	3.2 NAME	McDaniel, Johnny
STREET ADDRESS	5008 SW 21ST STREET	3.3 STREET ADDRESS	5816 SW 27th St
CITY-ST-ZIP	HOLLYWOOD FL 33023	3.4 CITY-ST-ZIP	Hollywood, FL 33023
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Robinson, Mamie
STREET ADDRESS		4.3 STREET ADDRESS	4620 SW 21st St
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood, FL 33023
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DAVIS, MAYBELLE R.
STREET ADDRESS		5.3 STREET ADDRESS	5008 SW 21ST ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hollywood, FL 33023
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: *Maybelle R. Davis* SIGNATURE REQUIRED: *Maybelle R. Davis* Executive Dir 4/30/99 (954) 966-3290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0024016