FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 JUN 20 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V05967

1. Corporation Name
HEAVENS CONDO, INC.

Principal Place of Business
Ocean Harbor Condominium
87851 Old Hwy Unit K34
Islamorada, FL 33036
US

Mailing Address
Puhst Klaus-Jochen
Rubbertstrabe 25
Hamburg GE 21109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1992
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 Rubbertstrabe 25
Suite, Apt. #, etc
27
City & State
28 Hamburg 21109
Zip 29 Country 30 Germany

4. FEI Number: 65-0348127 — 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

9. Name and Address of Current Registered Agent

~~The Prentice Hall Corporation System, Inc.~~
~~1201 Hays Street~~
~~Suite 105~~
~~Tallahassee, FL 32301~~

10. Name and Address of New Registered Agent

81 Name: Professional Registered Agent Corp.
82 Street Address (P.O. Box Number is Not Acceptable): c/o Seth Stopek, P.A., 200 S. Biscayne Blvd.,
83 Suite 2350
84 City: Miami FL 85 Zip Code: 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	Puhst, Klaus-Jochen	1.2 NAME	400001518944
STREET ADDRESS	Rubbertstabe 25	1.3 STREET ADDRESS	-06/21/95--01034--002
CITY-ST-ZIP	Hamburg	1.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: _____ 6/6/95 (305) 377-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #