

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # N93000003490 (0)
 1. Corporation Name
 PENTECOSTAL CHURCH DOORWAY TO HEAVEN, INC.



Principal Place of Business
 199 SW 12 AVE #12 MIAMI FL 33130 US

Mailing Address
 199 SW 12 AVE #12 MIAMI FL 33130 US

3. Date Incorporated or Qualified: 07/30/1993
 3a. Date of Last Report: 07/26/1995

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

2a. Mailing Address
 25 Suite, Apt. #, etc.
 26 City & State
 27 Zip
 28 Country

4. FEI Number: 65-0430157
 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
 PENA, RICARDO
 2355 SW 11TH TERRACE
 MIAMI FL 33135

10. Name and Address of New Registered Agent
 81 Name: Ricardo Pena
 82 Street Address (P.O. Box Number is Not Acceptable): 436 S W 2 ST. B-3
 83 City: Miami
 84 FL 85 Zip Code: 33130

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: *Ricardo Pena* (NOTE: Registered Agent signature required when reinstating) DATE: 6/6/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PENA, RICARDO	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2355 SW 11TH TERRACE	CITY-ST-ZIP: MIAMI FL 33135	1.2 NAME:	
TITLE: VD	NAME: PENA, REINA	1.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2355 SW 11TH TERRACE	CITY-ST-ZIP: MIAMI FL 33135	1.4 CITY-ST-ZIP:	
TITLE: STD	NAME: RODRIGUEZ, MIGUEL A	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2612 SW 3RD ST., #5	CITY-ST-ZIP: MIAMI FL 33135	2.2 NAME:	
TITLE: D	NAME: DELGADO, MARIA C	2.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 101 NW 36TH COURT	CITY-ST-ZIP: MIAMI FL 33125	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE: STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: Vilma J. Broche	
TITLE:	NAME:	3.3 STREET ADDRESS: 2601 SW 10 ST.	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP: Miami, Fl. 33135	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ricardo Pena* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 6/6/96 DAYTIME PHONE #: 326-0479

CR2E037 (3/96)