

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 5:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001418 (2)

1. Corporation Name

EDITORIAL A WHITE DOVE, CORP.

Principal Place of Business

2850 SW 27 AVENUE
MIAMI FL 33133

Mailing Address

2850 SW 27 AVENUE
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1994

3a. Date of Last Report

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

5240 Curry Ford Road

27

Suite, Apt. #, etc.

28

N/A

29

City & State

30

Orlando, FL

31

Zip

Country

32

32812

USA

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

Tax Exempt Status

☐

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RODRIGUEZ, LINDA
2850 SW 27 AVENUE
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

Martin, Aldo O

82 Street Address (P.O. Box Number is Not Acceptable)

5240 Curry Ford Road

83

84 City

Orlando

FL

85 Zip Code

32812

11. I hereby certify 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

Aldo O. Martin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

04-25-95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
MARTIN, ALDO O
5240 CURRY FORD ROAD
ORLANDO FL 32812

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
RODRIGUEZ, LIDIA
2850 SW 27 AVENUE
MIAMI FL 33133

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
BENAZET, GUIDO A
4500 W 16 AVENUE, APT 212 A
HIALEAH FL 33012

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

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****155.00 ****155.00

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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:

Aldo O. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-95 407
377-7599
Date System Filing #