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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001418 (2)**

1. Corporation Name

**EDITORIAL A WHITE DOVE, CORP.**

Principal Place of Business

Mailing Address

**2850 SW 27 AVENUE  
MIAMI FL 33133**

**5240 CURRY FORD RD  
ORLANDO FL 32812**

3. Date Incorporated or Qualified

**03/22/1994**

4. FEI Number

**65-0485058**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, ALDO O  
5240 CURRY FORD RD.  
ORLANDO FL 32812**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME  
D/P  
MARTIN, ALDO O  
STREET ADDRESS  
5240 CURRY FORD ROAD  
CITY-ST-ZIP  
ORLANDO FL 32812**

TITLE ☐ DELETE

**NAME  
S  
REY, ISABEL  
STREET ADDRESS  
1935 GREEN MEADOW LANE  
CITY-ST-ZIP  
ORLANDO FL 32825**

TITLE ☐ DELETE

**NAME  
D  
BENAZET, GUIDO A  
STREET ADDRESS  
2725 SW 19 STREET  
CITY-ST-ZIP  
MIAMI FL 33145**

TITLE ☐ DELETE

**NAME  
T  
RODRIGUEZ, MANUEL  
STREET ADDRESS  
6420 APPIAN WAY  
CITY-ST-ZIP  
ORLANDO FL 32807**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

**1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
BENAZET, GUIDO A  
612 Wavecrest Dr  
Orlando FL 32807**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

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

**04 07- 98**

Date

Daytime Phone #

CR2E037 (1097)