

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-27-1999 90166 019 ****75.00

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1. Corporation Name

EDITORIAL A WHITE DOVE, CORP.

Principal Place of Business

2850 SW 27 AVENUE
MIAMI FL 33133

Mailing Address

5240 CURRY FORD RD
ORLANDO FL 32812



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5240 CURRY FORD RD		26 EDITORIAL A WHITE DOVE		03/22/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 P.O. Box 720636		65-0485058	
City & State		City & State		5. Certificate of Status Desired	
23 ORLANDO, FL		28 ORLANDO, FL		X \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24 32812		29 32872		X \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25 ORANGE		30 ORANGE			

9. Name and Address of Current Registered Agent

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

(SAME REG. AGENT =>)

10. Name and Address of New Registered Agent

81 Name	MARTIN, ALDO O.
82 Street Address (P.O. Box Number is Not Acceptable)	822 FAIRLINGTON DR.
83	
84 City	LAKE LAND
85 State	FL
86 Zip	33813

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	D/P
NAME	MARTIN, ALDO O	1.2 NAME	MARTIN, ALDO O.
STREET ADDRESS	5240 CURRY FORD ROAD	1.3 STREET ADDRESS	822 FAIRLINGTON DR
CITY-ST-ZIP	ORLANDO FL 32812	1.4 CITY-ST-ZIP	LAKE LAND, FL 33813
TITLE	S	2.1 TITLE	
NAME	REY, ISABEL	2.2 NAME	
STREET ADDRESS	1935 GREEN MEADOW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BENAZET, GUIDO A	3.2 NAME	
STREET ADDRESS	612 WAVECREST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	RODRIGUEZ, MANUEL	4.2 NAME	
STREET ADDRESS	6420 APPIAN WAY	4.3 STREET ADDRESS	ORLANDO
CITY-ST-ZIP	ORLANDO FL 32807	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)