

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V43840** (0)

1. Corporation Name

**WHITE-LION DEVELOPMENT CORPORATION**

Principal Place of Business

**600 PALM AVE  
SUITE A  
HIALEAH FL 33010**

Mailing Address

**600 PALM AVE  
SUITE A  
HIALEAH FL 33010**



3. Date Incorporated or Qualified  
**06/15/1992**

3a. Date of Last Report  
**01/23/1995**

4. FEI Number

**65-0338793**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**GESTIDO, ANTONIO JR  
600 PALM AVE  
SUITE A  
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD  
GESTIDO, ANTONIO JR  
600 PALM AVE #A  
HIALEAH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD  
RIVERO, OMAR  
600 PALM AVE #A  
HIALEAH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD  
GARCIA, JOSE A  
C/O 600 PALM AVE., SUITE A  
HIALEAH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TD  
BORRERO, JULIO A  
C/O 600 PALM AVE., SUITE A  
HIALEAH FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Antonio Jr Gestido*  
President

4-25

887-2500

Date

Daytime Phone #

CR2E034 (12/95)