

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Laura B. Northrup
Secretary of State
Tallahassee, Florida 32399

DOCUMENT # V73119

(2)

EDITORIAL PONCE DE LEON, INC.

APPROVED
AND
FILED

95 MAY - 1 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**3121 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

Mailng Address

**3121 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/21/1992

3a. Date of Last Report
05/01/1994

4. FCI Number
65-0374348

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**

7. This corporation has agency for adoption, for purposes of Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

2b. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

30. Zip

9. Name and Address of Current Registered Agent

**SMITH, DOROTHY JEAN
3121 PONCE DE LEON BLVD
CORAL GABLES FL 33134**

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 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, DOROTHY JEAN
STREET ADDRESS	3121 PONCE DE LEON BLVD
CITY, ST, ZIP	CORAL GABLES FL
TITLE	DV
NAME	LEYVA, JOSEFINA
STREET ADDRESS	3121 PONCE DE LEON BLVD
CITY, ST, ZIP	CORAL GABLES FL
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

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 119.07(1)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this 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 of this report, or as an attachment with an address.

SIGNATURE:

Dorothy Jean Smith
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

April 23, 1995 305-662-0580