

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 10 1998 8:00am**  
**Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # 744808 (7)**  
 1. Corporation Name

**LOGIA HIJAS DE LA ACACIA, FILIAL #1, INC.**



Principal Place of Business: **910 NW 22ND AVE MIAMI FL 33125**  
 Mailing Address: **910 NW 22ND AVE MIAMI FL 33125**

3. Date Incorporated or Qualified: **11/02/1978**  
 4. FEI Number: **59-1795407**  
 Applied For:  Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

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: **SALAS-AMARO, YOLANDA, 910 NW 22ND AVE, MIAMI, FL ABW**  
 10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOGUER, MARIA</b>	1.2 NAME	
STREET ADDRESS	<b>910 NW 22ND AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PIMENTEL, BLANCA R</b>	2.2 NAME	
STREET ADDRESS	<b>C/O 910 N.W. 22ND AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALAS-AMARO, YOLANDA</b>	3.2 NAME	
STREET ADDRESS	<b>534 SW 68 AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMIREZ, ROSA</b>	4.2 NAME	
STREET ADDRESS	<b>C/O 910 NE 22ND AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SERRA, ZORAIDA</b>	5.2 NAME	
STREET ADDRESS	<b>910 NW 22ND AVENUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Yolanda Salas Amaro* 2/4/98 (305) 266-6611

CR2E037 (10/97)