

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 745036 (4)**

1. Corporation Name

**LOGIA PERSEVERANCIA DE CARDENAS, MANUEL MAZA ESC
UDERO, INC.**

Principal Place of Business

Mailing Address

**910 N.W. 22 AVE.
MIAMI FL 33125****910 N.W. 22 AVE.
MIAMI FL 33125-3343**3. Date Incorporated or Qualified
11/22/19783a. Date of Last Report
04/10/1996

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**

4. FEI Number

59-1795407

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COBO, FRANK
590 NW 126TH ST
MIAMI FL 33168****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)

Enc. 16-1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	COBO, FRANK	
STREET ADDRESS	590 NW 126TH ST	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COBO, FRANK	
1.3 STREET ADDRESS	590 N.W. 126th St.	
1.4 CITY-ST-ZIP	MIAMI, FL.	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	COBO, FRANK	
STREET ADDRESS	590 N.W. 126 ST.	
CITY-ST-ZIP	NORTH MIAMI FL	

2.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COBO, FRANK	
2.3 STREET ADDRESS	590 N.W. 126th St.	
2.4 CITY-ST-ZIP	MIAMI, FL.	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ANGEL C	
STREET ADDRESS	731 E. 47 ST	
CITY-ST-ZIP	HIALEAH FL	

3.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GONZALEZ, ANGEL C.	
3.3 STREET ADDRESS	731 E. 47 St.	
3.4 CITY-ST-ZIP	Hialeah, Fl.	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	CASTIELLO, EULOGIO R.	
STREET ADDRESS	13351 SW 50TH ST	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CASTIELLO, EULOGIO R.	
4.3 STREET ADDRESS	13351 SW 50th St.	
4.4 CITY-ST-ZIP	MIAMI, FL.	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 16-1997

Date

Daytime Phone # 0028357

CR2E037 (9/96)