


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 910 N.W. 22 AVE. MIAMI FL 33125	Mailing Address 910 N.W. 22 AVE. MIAMI FL 33125
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**COBO, FRANK
590 NW 126TH ST
MIAMI FL 33168**

3. Date Incorporated or Qualified 11/22/1978
4. FEI Number 59-1795407
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 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 *Frank Cobo* DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COBO, FRANK	
STREET ADDRESS	590 NW 126TH ST	
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	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ANGEL C	
STREET ADDRESS	731 E. 47 ST	
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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	COBO, FRANK	
1.3 STREET ADDRESS	590 NW 126TH ST	
1.4 CITY-ST-ZIP	MIAMI, FL. 33168	
2.1 TITLE	CT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GONZALEZ, ANGEL C.	
2.3 STREET ADDRESS	731 E. 47 ST.	
2.4 CITY-ST-ZIP	HIALEAH, FL. 33013	
3.1 TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CASTIELLO, EULOGIO R.	
3.3 STREET ADDRESS	13351 SW 50Th St.	
3.4 CITY-ST-ZIP	Miami, FL. 33175	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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 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: *Frank Cobo*

CR2E037 (10/97)