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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745036

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

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/22/1978

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

PEDRO GARCIA

82 Street Address (P.O. Box Number is Not Acceptable)

83

1442 S.W. 118 Ct.

84 City

MIAMI

FL

85 Zip Code
33184

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

Pedro Garcia

1-21-99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **COBO, FRANK**
CITY-ST-ZIP **590 NW 126TH ST
MIAMI FL 33168**

TITLE ☐ DELETE
NAME **CT**
STREET ADDRESS **GONZALEZ, ANGEL C**
CITY-ST-ZIP **731 E 47TH ST
HIALEAH FL 33013**

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **CASTIELLO, EULOGIO R**
CITY-ST-ZIP **13351 SW 50TH ST
MIAMI FL 33175**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **GARCIA, PEDRO**
1.4 CITY-ST-ZIP **1442 SW 118TH Ct.
MIAMI, FL 33184**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **DT**
2.3 STREET ADDRESS **GONZALEZ, ANGEL C.**
2.4 CITY-ST-ZIP **731 E. 47TH St.
HIALEAH, FL 33013**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **DS**
3.3 STREET ADDRESS **PADILLA, CARLOS E.**
3.4 CITY-ST-ZIP **8840 FOUNTAIN BLUE BLV. APT. 403
MIAMI, FL 33172**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-21-99

Daytime Phone #

CR2E037 (11/98)