

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:28

DOCUMENT # 744979

(6)

1. Corporation Name

LOGIA FLORENCIO PINO #1, INC.

Principal Place of Business

910 N.W. 22 AVE.
MIAMI FL 33125

Mailing Address

910 N.W. 22 AVE.
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1978

3a. Date of Last Report

05/01/1994

4. FBI Number

59-1795407

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental

Tax Exempt Status

☒

Fee Not Required

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

MENEMDEZ, CELESTINO
3080 SW 1 ST.
MIAMI FL 33135

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

CASTRO-NAZARIO

STREET ADDRESS

61 E 38 ST

CITY - ST - ZIP

HIALEAH FL

1.1 TITLE

PD ROBERTO C CAMPOS

☒ Change

☐ Addition

1.2 NAME

6541 SW 15TH AVE

1.3 STREET ADDRESS

MIAMI FLA 33157

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE

TD

NAME

BALADRON CESAR

STREET ADDRESS

5900 SW 12 ST

CITY - ST - ZIP

MIAMI, FL 00000

TITLE

SD

NAME

ARANGO, GUSTAVO R.

STREET ADDRESS

11359 NW 88TH AVENUE

CITY - ST - ZIP

HIALEAH GARDENS FL

2.1 TITLE

SD NAZARIO CASTRO

☒ Change

☐ Addition

2.2 NAME

61 E 38 ST

2.3 STREET ADDRESS

HIALEAH, FLA 33013

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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:

Roberto Campos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roberto Campos 2-6-95
DATE

Signature Printed

261-6792

0006710