

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # **J29859**  
1. Corporate Name  
**LOGICAL SOLUTIONS INTERNATIONAL, INC**

Principal Place of Business Mailing Address  
**110 1ST STREET 110 1ST STREET**  
**KEY LARGO FL 33037 KEY LARGO, FL**  
**33037**

2. Principal Place of Business 2a. Mailing Address  
21 **110 1ST STREET** 26 **110 1ST STREET**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **KEY LARGO FL** 27 **KEY LARGO FL**  
City & State City & State  
23 **33037** 28 **33037**  
Zip Zip  
24 **MONROE** 29 **MONROE**  
Country Country

3. Date Incorporated or Qualified **July 1986** 3a. Date of Last Report **1996**  
4. FEI Number **59-2711467** 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  
**JAMES H. PONCE**  
**110 1ST STREET**  
**KEY LARGO FL 33037**

10. Name and Address of New Registered Agent  
81 Name **JAMES H PONCE**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**110 1ST STREET**  
83 **KEY LARGO**  
84 City **FL** 85 Zip Code **33037**

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, am familiar with, and accept the obligations of, Section 607.0505, 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	<input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR - PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>JAMES H PONCE</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>110 1ST STREET</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>KEY LARGO FL 33037</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>DIRECTOR - VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>IVANA T PONCE</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>110 1ST STREET</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>KEY LARGO FL 33037</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **IVANA T PONCE, V.P.** **4/1/1997** **305-451-1161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)