

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000029 (0)

1. Corporation Name

LOGIA "AMERICA # 175, INC."



Principal Place of Business

124 NW 15TH AVENUE
MIAMI FL 33125

Mailing Address

124 NW 15TH AVENUE
MIAMI FL 33125

3. Date Incorporated or Qualified
10/26/1992

3a. Date of Last Report
02/09/1995

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
65-0379196

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

RODRIGUEZ, EMILIA
5201 N.W. 7TH ST.
#602
MIAMI FL 33126

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ABREU, ALGA
STREET ADDRESS 190 SW 13TH AVE, #307
CITY-ST-ZIP MIAMI FL 33135

1.1 TITLE D ☐ Change ☐ Addition
1.2 NAME ABRAMO, ISAUBRA
1.3 STREET ADDRESS 5201 NW 7th St
1.4 CITY-ST-ZIP Miami, FL

TITLE D ☐ DELETE
NAME ABRAMO, ISAURA
STREET ADDRESS 5201 NW 7TH STREET
CITY-ST-ZIP MIAMI FL 33126

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME BARRABES, DIGNA
2.3 STREET ADDRESS 1673 Bay Rd. Apt. 202
2.4 CITY-ST-ZIP Miami Beach, FL

TITLE D ☐ DELETE
NAME DIAZ, ZOA E
STREET ADDRESS 274 NW 40 CT.
CITY-ST-ZIP MIAMI FL 33126

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MARTINEZ, ELIA
STREET ADDRESS 12255 SW 19TH STREET
CITY-ST-ZIP MIAMI FL 33175

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

TITLE D ☐ DELETE
NAME MENOCA, DOLORES
STREET ADDRESS 500 NW 23RD COURT, #2
CITY-ST-ZIP MIAMI FL 33125

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME TRUEBA, BEATRIZ
5.3 STREET ADDRESS 1225 SW 6 St Apt. 2
5.4 CITY-ST-ZIP Miami, FL

TITLE D ☐ DELETE
NAME LOPEZ, ELDA
STREET ADDRESS 640 E. 56 ST.
CITY-ST-ZIP HIALEAH FL 33013

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ABREU, ALGA
6.3 STREET ADDRESS 190 SW 13 Ave. Apt. 305
6.4 CITY-ST-ZIP Miami, FL

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(3)(k), 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: ELIA MARTINEZ, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

643-2010

Date

Daytime Phone #

CP2E037 (12/95)