

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000029 (0)

1. Corporation Name

LOGIA "AMERICA # 175, INC."

Principal Place of Business

Mailing Address

124 NW 15TH AVENUE  
MIAMI FL 33125-5513124 NW 15TH AVENUE  
MIAMI FL 33125-55133. Date Incorporated or Qualified  
10/26/19923a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; 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 Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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 ABRA ☒ DELETE  
NAME MO, ISAUBRA  
STREET ADDRESS 5201 NW 7TH ST  
CITY-ST-ZIP MIAMI FL1.1 TITLE VPD Hernandez, Isabel ☒ Change ☐ Addition  
1.2 NAME 345 Ocean Dr.  
1.3 STREET ADDRESS Miami, Beach, Fl. 33139  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BARRABES, DIGNA  
STREET ADDRESS 1673 BAY RD APT 202  
CITY-ST-ZIP MIAMI FL2.1 TITLE Secretary D. ☐ Change ☐ Addition  
2.2 NAME Barrabes, Digna  
2.3 STREET ADDRESS 1673 Bay Rd Apt. 202  
2.4 CITY-ST-ZIP Miami, Beach 33139TITLE D ☒ DELETE  
NAME DIAZ, ZOA E  
STREET ADDRESS 274 NW 40 CT.  
CITY-ST-ZIP MIAMI FL 331263.1 TITLE President D. ☒ Change ☐ Addition  
3.2 NAME Rivero, Estrella  
3.3 STREET ADDRESS 306 NW 55 Ct.  
3.4 CITY-ST-ZIP Miami, Fl. 33126TITLE D ☐ DELETE  
NAME MARTINEZ, ELIA  
STREET ADDRESS 12255 SW 19TH STREET  
CITY-ST-ZIP MIAMI FL 331754.1 TITLE Treasurer D. ☐ Change ☐ Addition  
4.2 NAME Martinez, Elia  
4.3 STREET ADDRESS 12255 SW 19 St.  
4.4 CITY-ST-ZIP Miami, Fl. 33175TITLE D ☐ DELETE  
NAME TRUEBA, BEATRIZ  
STREET ADDRESS 1225 SW 6 ST APT 2  
CITY-ST-ZIP MIAMI FL5.1 TITLE Collector D. ☐ Change ☐ Addition  
5.2 NAME Trueba, Beatriz  
5.3 STREET ADDRESS 1225 SW 6 St. Apt. 2  
5.4 CITY-ST-ZIP Miami, Fl. 33135TITLE D ☐ DELETE  
NAME ABREU, ALGA  
STREET ADDRESS 190 SW 13 AVE APT 305  
CITY-ST-ZIP MIAMI FL6.1 TITLE Vice Collect D. ☐ Change ☐ Addition  
6.2 NAME Abreu, Alga  
6.3 STREET ADDRESS 190 SW 13 Ave # 305  
6.4 CITY-ST-ZIP Miami, Fl. 33135

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Director

2-01-97

29-8925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028271

CR2E037 (9/96)